



640 Taylor Street
Suite 2200
Fort Worth, Texas 76102
817.259.9100 Main

whitleypenn.com

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

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office either by mail, email to efiletw@whitleypenn.com or fax to 817-887-4708. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 16, 2022.

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

UNITED WAY OF TARRANT COUNTY

75-0858360

Name and title of officer or person subject to tax

**JEFFREY ALLISON
EVP AND CFO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>22,745,265.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Jeffrey Allison Date 5/6/2022

Part III Certification and Authentication

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

75414276102
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature amily Landry Date 2/10/2022

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**
(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF TARRANT COUNTY	Taxpayer identification number (TIN) 75-0858360
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1500 NORTH MAIN STREET, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WORTH, TX 76164	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

JEFFREY ALLISON

- The books are in the care of ▶ **1500 NORTH MAIN STREET, STE 200 - FORT WORTH, TX 76164**
Telephone No. ▶ **(817)258-8010** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

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

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

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

Form **8868** (Rev. 1-2020)

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF TARRANT COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 NORTH MAIN STREET 200 City or town, state or province, country, and ZIP or foreign postal code FORT WORTH, TX 76164 F Name and address of principal officer: JEFFREY ALLISON SAME AS C ABOVE	D Employer identification number 75-0858360 E Telephone number (817)258-8000 G Gross receipts \$ 24,035,795. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYTARRANT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1922
		M State of legal domicile: TX

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROVIDE LEADERSHIP AND HARNESS RESOURCES TO SOLVE TARRANT COUNTY'S TOUGHEST SOCIAL CHALLENGES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	43
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	78
	6	Total number of volunteers (estimate if necessary)	6	3715
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	22,463,438.	22,043,697.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	493,971.	634,871.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	367,592.	102,946.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,095.	-36,249.
12			23,386,096.	22,745,265.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,706,729.	17,020,538.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,049,429.	5,669,545.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,579,306.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,338,213.	3,852,930.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,094,371.	26,543,013.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,708,275.	-3,797,748.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	22,618,572.	18,831,781.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,793,866.	6,463,921.
	22		11,824,706.	12,367,860.

Part II Signature Block

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

Sign Here	Signature of officer JEFFREY ALLISON, EVP AND CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name EMILY LANDRY	Preparer's signature <i>emily landry</i> EMILY LANDRY	Date 2/10/2022	Check if self-employed <input type="checkbox"/>	PTIN P01614538
	Firm's name ▶ WHITLEY PENN LLP	Firm's EIN ▶ 75-2393478	Phone no. (817)259-9100		
	Firm's address ▶ 640 TAYLOR STREET, SUITE 2200 FT. WORTH, TX 76102				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS A NONPROFIT LEADER, WE BRING TOGETHER INDIVIDUALS, GROUPS, DONORS AND SERVICE PROVIDERS TO HELP SOLVE SOME OF THE TOUGHEST SOCIAL ISSUES AFFECTING TARRANT COUNTY. EACH YEAR, UNITED WAY OF TARRANT COUNTY HELPS MORE THAN 300,000 PEOPLE THROUGH ITS RESOURCES. UNITED WAY OF

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

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

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

4a (Code:) (Expenses \$ 10,028,797. including grants of \$ 6,847,053.) (Revenue \$) 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 ADMINISTRATION AND TEXAS HEALTH RESOURCES.

4b (Code:) (Expenses \$ 9,238,036. including grants of \$ 7,987,319.) (Revenue \$) 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 CAMPAIGN.

UNITED WAY OF TARRANT COUNTY HAS VARIOUS FISCAL AGENT AGREEMENTS TO MANGE OPERATING FUNDS AND RESERVES. THESE ORGANIZATIONS HELP FULFILL THE FIVE FOCUS AREAS OF NEED OUTLINED IN OUR LATEST COMMUNITY ASSESSMENT.

4c (Code:) (Expenses \$ 2,200,304. including grants of \$ 2,178,666.) (Revenue \$) EMERGENCY RELIEF FUNDS: THE HEALTH AND WELL-BEING OF OUR COMMUNITY IS A TOP PRIORITY AT UNITED WAY OF TARRANT COUNTY. THE UNPRECEDENTED ACTIONS TO STOP THE SPREAD OF COVID-19 HAVE LEFT LARGE POPULATIONS IN NEED OF SOCIAL SERVICES AND FINANCIAL ASSISTANCE. THE FEBRUARY WINTER WEATHER DISASTER CREATED AN EMERGENCY NEED FOR MANY INDIVIDUALS IN TARRANT COUNTY. FUNDS WERE RAISED AND RAPIDLY DISTRIBUTED THROUGH THE EMERGENCY RELIEF FUND TO PROVIDE BASIC NEEDS, FOOD, FINANCIAL ASSISTANCE, AND PERSONAL PROTECTIVE EQUIPMENT.

TOTAL NUMBER OF GRANTEES: 1,523

4d Other program services (Describe on Schedule O.) (Expenses \$ 905,045. including grants of \$ 7,500.) (Revenue \$ 634,871.)

4e Total program service expenses 22,372,182.

Part IV Checklist of Required Schedules

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

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		X
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, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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 (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		
	2a		78
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 43		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 - (817) 258-8010**
1500 NORTH MAIN STREET, STE 200, FORT WORTH, TX 76164

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEAH KING PRESIDENT & CEO	40.00			X			206,971.	0.	26,279.	
(2) JEFFREY ALLISON EVP & CFO	40.00			X			182,712.	0.	14,679.	
(3) DONALD SMITH (PARTIAL YEAR) FORMER VP COMMUNITY INVESTMENT	40.00			X			110,835.	0.	17,206.	
(4) MICHELLE BLEIBERG EVP & CCMO	40.00			X			109,629.	0.	17,183.	
(5) CAROLYN GALVAN VP & CONTROLLER	40.00			X			108,162.	0.	15,388.	
(6) ELIZABETH WATSON EVP & CHRO	40.00			X			110,048.	0.	9,962.	
(7) CHRISTOPHER ALVARADO VP COMMUNITY INVESTMENT	40.00			X			98,680.	0.	16,156.	
(8) PEGGY BEAULIEU SVP COMMUNITY INVESTMENT	40.00			X			95,669.	0.	15,127.	
(9) CRYSTAL SANDS CHIEF DEVELOPMENT OFFICER	40.00			X			89,505.	0.	11,673.	
(10) REGINA WILLIAMS VP COMMUNITY INVESTMENT	40.00			X			96,394.	0.	4,299.	
(11) BEVERLY BOYD CORPORATE SECRETARY	40.00			X			74,486.	0.	6,132.	
(12) SHAKITA JOHNSON (PARTIAL YEAR) VP COMMUNITY INVESTMENT	40.00			X			0.	0.	0.	
(13) JAMES POWELL CHAIR OF THE BOARD	1.00	X					0.	0.	0.	
(14) HADLEY WOERNER VICE CHAIR, ANNUAL CAMPAIGN	1.00	X					0.	0.	0.	
(15) JILL LYTTLE VICE CHAIR, BENEFITS AND COMPENSATIO	1.00	X					0.	0.	0.	
(16) JUSTIN CHAPA VICE CHAIR, GOVERNANCE COMMITTEE	1.00	X					0.	0.	0.	
(17) SHANNON FLETCHER VICE CHAIR, DIVERSITY COMMITTEE CHAI	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSH MCNAMARA VICE CHAIR, AUDIT & FINANCE COMMITTEE	1.00	X						0.	0.	0.
(19) KRISTY ODOM CO-CHAIR, COMMUNITY INVESTMENT COMMITTEE	1.00	X						0.	0.	0.
(20) MELINDA M. JOHNSTON EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(21) DR. KEON ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(22) STEVAN BOBB BOARD MEMBER	1.00	X						0.	0.	0.
(23) EARNEST BOONE BOARD MEMBER	1.00	X						0.	0.	0.
(24) CARLO CAPUA BOARD MEMBER	1.00	X						0.	0.	0.
(25) BRIAN COLTHARP BOARD MEMBER	1.00	X						0.	0.	0.
(26) JUNE DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,283,091.	0.	154,084.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,283,091.	0.	154,084.

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARDENT SPIRIT, 1617 PARK PLACE AVE, STE 110-AS, FORT WORTH, TX 76110	PROJECT MANAGEMENT	119,367.
RIGHT AT HOME, Q F ENTERPRISES INC, 8851 CAMP BOWIE W BLVD, STE 220, FORT WORTH, TX	REMODELING/CONSTRUCTION	114,911.
WHITLEY PENN LLP, 640 TAYLOR ST, STE 2200, FORT WORTH, TX 76102	ACCOUNTING	112,382.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOSEPH DELEON BOARD MEMBER	1.00	X						0.	0.	0.
(28) SEAN DONOHUE BOARD MEMBER	1.00	X						0.	0.	0.
(29) JOHN FLACK, II BOARD MEMBER	1.00	X						0.	0.	0.
(30) DALTON HARRELL BOARD MEMBER	1.00	X						0.	0.	0.
(31) SCOTT HICKSON BOARD MEMBER	1.00	X						0.	0.	0.
(32) JARRETT JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
(33) MELODY JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(34) DR. PETER JORDAN BOARD MEMBER	1.00	X						0.	0.	0.
(35) PAT LINARES BOARD MEMBER	1.00	X						0.	0.	0.
(36) CHERYL MOBLEY BOARD MEMBER	1.00	X						0.	0.	0.
(37) ALICE MULLIS BOARD MEMBER	1.00	X						0.	0.	0.
(38) MARTIN NOTO BOARD MEMBER	1.00	X						0.	0.	0.
(39) BRIAN O'NEILL BOARD MEMBER	1.00	X						0.	0.	0.
(40) H. RICHARD PAYNE BOARD MEMBER	1.00	X						0.	0.	0.
(41) JAMES SHARP BOARD MEMBER	1.00	X						0.	0.	0.
(42) DR. ABBIE SHIPP BOARD MEMBER	1.00	X						0.	0.	0.
(43) GLORIA STARLING BOARD MEMBER	1.00	X						0.	0.	0.
(44) TOME STALLINGS BOARD MEMBER	1.00	X						0.	0.	0.
(45) DANNY TORRES BOARD MEMBER	1.00	X						0.	0.	0.
(46) JEFF WHITFIELD BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JENNIFER WICHMANN BOARD MEMBER	1.00	X					0.	0.	0.	
(48) BARBARA M. WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
(49) DARWIN WINFIELD BOARD MEMBER	1.00	X					0.	0.	0.	
(50) BRIAN GOLDEN BOARD MEMBER	1.00	X					0.	0.	0.	
(51) AMANDA ROBBINS BOARD MEMBER	1.00	X					0.	0.	0.	
(52) SUSAN K. MEDINA CO-CHAIR, WOMEN UNITED	1.00	X					0.	0.	0.	
(53) BROOKE GOGGANS CO-CHAIR, WOMEN UNITED	1.00	X					0.	0.	0.	
(54) PATRA STROEMER CHAIR, UW ARL STEERING COM	1.00	X					0.	0.	0.	
(55) KRISTEN JAMES CHAIR, NE STEERING COM	1.00	X					0.	0.	0.	

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	262,905.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,060,173.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,720,619.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 182,439.				
	h Total. Add lines 1a-1f			22,043,697.			
	Program Service Revenue	2 a SERVICE CENTER RENTAL	Business Code	531120	489,958.	489,958.	
b PROGRAM AND WORKSHOP FEES			900099	144,913.	144,913.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				634,871.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			36,158.		36,158.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			17,128.		17,128.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,302,605.			
	b Less: cost or other basis and sales expenses	7b		1,235,817.			
	c Gain or (loss)	7c		66,788.			
d Net gain or (loss)			66,788.		66,788.		
8 a Gross income from fundraising events (not including \$ 262,905. of contributions reported on line 1c). See Part IV, line 18	8a			0.			
		b Less: direct expenses	8b		54,713.		
		c Net income or (loss) from fundraising events			-54,713.		-54,713.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	1,336.		1,336.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,336.			
12 Total revenue. See instructions			22,745,265.	634,871.	0.	66,697.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,317,180.	15,317,180.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,703,358.	1,703,358.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,287,281.	570,322.	509,441.	207,518.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,296,170.	2,222,117.	268,018.	806,035.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	518,094.	393,793.	31,557.	92,744.
9 Other employee benefits	207,731.	145,990.	28,695.	33,046.
10 Payroll taxes	360,269.	234,052.	51,561.	74,656.
11 Fees for services (nonemployees):				
a Management	1,697,605.	477,230.	284,753.	935,622.
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	72,518.	41,056.		31,462.
13 Office expenses	55,432.	44,042.	9,874.	1,516.
14 Information technology				
15 Royalties				
16 Occupancy	675,896.	500,659.	31,443.	143,794.
17 Travel	14,353.	13,220.		1,133.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,988.	33,159.	49,243.	-27,414.
20 Interest				
21 Payments to affiliates	350,528.	233,695.	63,727.	53,106.
22 Depreciation, depletion, and amortization	86,371.	31,646.	26,753.	27,972.
23 Insurance	143,341.	27,920.	49,718.	65,703.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BUILDING MAINTENANCE	434,459.	291,553.	74,845.	68,061.
b TELEPHONE	127,383.	55,068.	64,172.	8,143.
c SUBSCRIPTIONS	43,359.	2,876.	7,077.	33,406.
d MEMBERSHIP DUES	41,967.	9,988.	31,059.	920.
e All other expenses	54,730.	23,258.	9,589.	21,883.
25 Total functional expenses. Add lines 1 through 24e	26,543,013.	22,372,182.	1,591,525.	2,579,306.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	8,647,760.	2	4,137,310.
	3 Pledges and grants receivable, net	2,885,785.	3	1,897,304.
	4 Accounts receivable, net	1,207,046.	4	1,530,906.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	110,375.	9	165,880.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 739,949.		
	b Less: accumulated depreciation	10b 535,157.	244,908.	10c 204,792.
	11 Investments - publicly traded securities	2,136,106.	11	1,504,234.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,386,592.	15	9,391,355.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,618,572.	16	18,831,781.	
Liabilities	17 Accounts payable and accrued expenses	2,128,429.	17	2,083,183.
	18 Grants payable		18	
	19 Deferred revenue	37,368.	19	305,604.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	
	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	8,628,069.	25	4,075,134.
	26 Total liabilities. Add lines 17 through 25	10,793,866.	26	6,463,921.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,950,379.	27	4,128,353.
	28 Net assets with donor restrictions	7,874,327.	28	8,239,507.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,824,706.	32	12,367,860.
33 Total liabilities and net assets/fund balances	22,618,572.	33	18,831,781.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,745,265.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,543,013.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,797,748.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,824,706.
5	Net unrealized gains (losses) on investments	5	325,144.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,015,758.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,367,860.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24612851.	19593315.	22128074.	22463438.	22043697.	110841375
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24612851.	19593315.	22128074.	22463438.	22043697.	110841375
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						110841375

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	24612851.	19593315.	22128074.	22463438.	22043697.	110841375
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	65,257.	222,524.	1068395.	590,061.	53,286.	1999523.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,142.	191,494.	32,543.	21,549.	1,336.	272,064.
11 Total support. Add lines 7 through 10						113112962
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	97.99 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.08 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BNSF RAILWAY COMPANY 500 NEW JERSEY AVE, NW, STE 550 WASHINGTON, DC 20001	\$ <u>879,279.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,307,612.	9,446,362.	15,281,347.	14,826,689.	13,487,412.
b Contributions					
c Net investment earnings, gains, and losses	2,395,002.	12,803.	-798,299.	1,149,662.	2,019,793.
d Grants or scholarships	390,238.	2,151,553.	6,474,331.	695,004.	680,516.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,312,376.	7,307,612.	9,446,362.	15,281,347.	14,826,689.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 73.6810 %
 - b Permanent endowment 6.0700 %
 - c Term endowment 20.2490 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		282,174.	260,003.	22,171.
d Equipment		457,775.	275,154.	182,621.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 204,792.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LEGACY I FUND	3,395,100.
(2) LEGACY II FUND	2,209,479.
(3) WOMEN'S LEADERSHIP FUND	1,122,763.
(4) BARNETT SHALE FUND	1,889,151.
(5) 457 PLAN ASSETS	78,979.
(6) ALEXIS DE TOCQUEVILLE	695,883.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,391,355.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DESIGNATED ORGANIZATIONS	1,502,725.
(3) ACCRUED POST-RETIREMENT BENEFITS	159,838.
(4) LOAN	2,153,392.
(5) FUNDS HELD FOR EARLY LEARNING	
(6) ALLIANCE	259,179.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,075,134.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,404,689.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	325,144.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,395,002.
e	Add lines 2a through 2d	2e	2,720,146.
3	Subtract line 2e from line 1	3	19,684,543.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,060,722.
c	Add lines 4a and 4b	4c	3,060,722.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,745,265.

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

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

1	Total expenses and losses per audited financial statements	1	21,861,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	54,713.
e	Add lines 2a through 2d	2e	54,713.
3	Subtract line 2e from line 1	3	21,806,822.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,736,191.
c	Add lines 4a and 4b	4c	4,736,191.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,543,013.

Part XIII Supplemental Information.

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

PART V, LINE 4:

\$6,070,939 OF BOARD DESIGNATED FUNDS UNDERWRITES A PORTION OF UNITED WAY'S OPERATING COSTS.

\$1,668,443 OF QUASI-ENDOWMENT FUNDS ARE DESIGNATED FOR COMMUNITY PROGRAMS.

\$500,125 FOR PERMANENT ENDOWMENT.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, AS AN ORGANIZATION OTHER THAN A

PRIVATE FOUNDATION, THEREFORE, NO PROVISION FOR INCOME TAXES IS MADE IN

THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FOLLOWS U.S. GAAP,

WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL STATEMENT

Part XIII Supplemental Information (continued)

RECOGNITION, MEASUREMENT, PRESENTATION, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS. MANAGEMENT BELIEVES THAT IT HAS NOT TAKEN A TAX POSITION THAT, IF CHALLENGED, WOULD HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ORGANIZATION FILES A FORM 990 IN THE UNITED STATES FEDERAL JURISDICTION AND NO TAX RETURNS ARE CURRENTLY UNDER EXAMINATION BY ANY TAX AUTHORITIES. THE ORGANIZATION HAS NOT INCURRED ANY PENALTIES OR INTEREST DURING THE YEARS ENDED JUNE 30, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

OTHER CHANGES IN ASSETS HELD BY OTHERS	2,395,002.
--	------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS	3,115,435.
FUNDRAISING EXPENSES	-54,713.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	3,060,722.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	54,713.
----------------------	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS	4,727,565.
PENSION PLAN ADJUSTMENT	8,626.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,736,191.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a 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**

b 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENTS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	262,905.			262,905.
	2 Less: Contributions	262,905.			262,905.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	54,713.			54,713.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				54,713.
11 Net income summary. Subtract line 10 from line 3, column (d)				-54,713.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
22KILL 13625 NEUTRON RD DALLAS, TX 75244	47-3864997	501(C)(3)	25,000.	419.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES MENTAL WELLNESS PROGRAMS AND THERAPIES FOR VETERANS.
6 STONES MISSION NETWORK 209 NORTH INDUSTRIAL BLVD, #241 BEDFORD, TX 76021	24-4829432	501(C)(3)	7,602.	5,008.	COST	PERSONAL PROTECTIVE EQUIPMENT	DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
ACH - CHILD & FAMILY SERVICES 1424 SUMMIT AVE FORT WORTH, TX 76102	75-0818140	501(C)(3)	84,194.	602.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SUPPORT AND EDUCATION TO THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL
ACTS 4 OTHERS P.O. BOX 811 DECATUR, TX 76234	45-4872620	501(C)(3)	8,169.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY
AIDS OUTREACH CENTER 400 NORTH BEACH ST FORT WORTH, TX 76111	75-2139336	501(C)(3)	50,537.	940.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROMOTING HEALTH AND HEALING - CLIENT INTERVENTION AND CASE MANAGEMENT.
ALZHEIMER'S ASSOCIATION OF NORTH CENTRAL TEXAS - 2630 WEST FWY, STE 100 - FORT WORTH, TX 76102	75-1984152	501(C)(3)	135,608.	1,656.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SENIOR SUPPORT AND CARE TO PREVENT SENIOR ISOLATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **149.**

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

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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AMERICAN RED CROSS - CHISHOLM TRAIL CHAPTER - 1515 SOUTH SYLVANIA - FORT WORTH, TX 76111	53-0196605	501(C)(3)	140,774.	0.			PROVIDES CLIENT INTERVENTIONS AND CASE MANAGEMENT. PROVIDES DISASTER RELIEF AND
APOLLO SUPPORT & RESCUE INC 8553 N BEACH ST, STE 137 FORT WORTH, TX 76244	45-4405446	501(C)(3)	5,148.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
ARLINGTON LIFE SHELTER 325 WEST DIVISION ST ARLINGTON, TX 76011-7415	75-2235099	501(C)(3)	5,166.	701.	COST	PERSONAL PROTECTIVE EQUIPMENT	DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
BIG BROTHERS BIG SISTERS OF NORTH TEXAS - 205 WEST MAIN ST - ARLINGTON, TX 76010	75-0800632	501(C)(3)	155,334.	0.			PROVIDE CHILDREN WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS
BOARD DEVELOPMENT SYSTEMS INC 1500 NORTH MAIN, STE 200 FORT WORTH, TX 76164	83-1151273	501(C)(3)	110,000.	0.			NON-PROFIT BOARD MEMBER TRAINING.
BOY SCOUTS OF AMERICA LONGHORN COUCIL DENTON - P.O. BOX 54190 - HURST, TX 76054	75-0800614	501(C)(3)	44,787.	7,119.	COST	PERSONAL PROTECTIVE EQUIPMENT	DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
BOYS & GIRLS CLUBS OF GREATER FORT WORTH, INC. - 3218 EAST BELKNAP - FORT WORTH, TX 76111	75-0808785	501(C)(3)	99,571.	1,945.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN.
BRIGHTER OUTLOOK COMMUNITY CTR 1901 AMANDA AVE FORT WORTH, TX 76105	26-0477975	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS - WINTER STORM DAMAGE.
CAMP FIRE USA FIRST TEXAS COUNCIL, INC - 2700 MEACHAM BLVD - FORT WORTH, TX 76137	75-0851201	501(C)(3)	42,854.	1,865.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SCHOOL AGE CHILD CARE, CREATIVE SOLUTIONS TO CONNECT FAMILIES TOGETHER AND PROVIDE

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CAMP SUMMIT 17210 CAMPBELL RD, #180 DALLAS, TX 75252	75-2488486	501(C)(3)	6,261.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
CANCER CARE SERVICES 623 SOUTH HENDERSON FORT WORTH, TX 76104	75-1025511	501(C)(3)	184,992.	372.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES FINANCIAL ASSISTANCE FOR HEALTHCARE NEEDS.
CATHOLIC CHARITIES P.O. BOX 15610 FORT WORTH, TX 79119	75-0808769	501(C)(3)	403,285.	1,834.	COST	PERSONAL PROTECTIVE EQUIPMENT	INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING
CENTER FOR TRANSFORMING LIVES 512 WEST 4TH ST FORT WORTH, TX 76102	75-0829389	501(C)(3)	137,318.	502.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES CHILDREN DEVELOPMENT PROGRAMS, SUPPORTIVE LIVING IN TRANSITIONAL HOUSING
CENTER OF HOPE P.O. BOX 190 WEATHERFORD, TX 76086	75-2762501	501(C)(3)	8,979.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
CHILD CARE ASSOCIATES TARRANT COUNTY - 3000 EAST BELKNAP, 3RD FLOOR - FORT WORTH, TX 76111	84-0587601	501(C)(3)	96,114.	10,972.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES EARLY CHILDHOOD DEVELOPMENT PROGRAMS.
CHILD STUDY CENTER, INC. 1300 W LANCASTER FORT WORTH, TX 76102	75-1099536	501(C)(3)	12,482.	0.			PROVIDES PEDIATRIC MEDICAL SERVICES, PSYCHOLOGICAL SERVICES, DENTAL SERVICES, AND
CHRIST'S HAVEN FOR CHILDREN P.O. BOX 467 KELLER, TX 75248	23-7164673	501(C)(3)	5,859.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
CITY OF ARLINGTON 101 S MESQUITE ST ARLINGTON, TX 76010	75-0858360	GOVERNMENT	53,856.	0.			INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT.

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CITY OF FORT WORTH 200 TEXAS ST FORT WORTH, TX 76102	75-6000528	GOVERNMENT	179,018.	0.			INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING
CLC - COMMUNITY LEARNING CTR 555 NORTH GRANTS LN FORT WORTH, TX 76108	75-2866735	501(C)(3)	85,000.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
COMMUNITIES IN SCHOOLS 6707 BRENTWOOD STAIR RD, STE 510 FORT WORTH, TX 76112	75-2411238	501(C)(3)	124,913.	0.			PROVIDES CASE MANAGEMENT FOR CHILDREN AND THEIR FAMILIES, AS WELL AS SUPPORT IN THEIR
COMMUNITY ENRICHMENT CENTER 6250 NE LOOP 820 FORT WORTH, TX 76180	75-2231694	501(C)(3)	96,862.	1,146.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES ADULT LITERACY PROGRAMS.
COMMUNITY FRONTLINE OF FORT WORTH 824 GREEN HEATH AVE FORT WORTH, TX 76120	82-1299722	501(C)(3)	21,900.	0.			EMERGENCY RELIEF FUND GRANT TO PROVIDE ACCESS TO FOOD.
CON MI MADRE 4175 FREIDRICH LN, STE 200 AUSTIN, TX 78744	26-2034766	501(C)(3)	11,339.	0.			WOMEN'S FUND GRANT PROVIDES PREPARATION FOR LATINA YOUTH AND THEIR MOTHERS, ACADEMICALLY,
COOK CHILDREN'S MEDICAL CTR. 801 SEVENTH AVE FORT WORTH, TX 76104	75-2051646	501(C)(3)	7,939.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
DENTAL HEALTH FOR ARLINGTON P.O. BOX 1542 ARLINGTON, TX 76004	75-2467366	501(C)(3)	35,060.	417.	COST	PERSONAL PROTECTIVE EQUIPMENT	RUNS THE ALLAN SAXE CLINIC WHICH PROVIDES FREE TO LOW COST DENTAL SERVICES AND THE SMILES
DOLLYWOOD FOUNDATION 1020 DOLLYWOOD LN PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	17,773.	0.			FUNDING FOR BOOKS FOR IMAGINATION LIBRARY.

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DOXOLOGY BIBLE CHURCH 4805 ARBORLAWN DR FORT WORTH, TX 76109	75-1446859	501(C)(3)	6,000.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
EASTER SEALS NORTH TEXAS 1424 HEMPHILL ST FORT WORTH, TX 76104	75-0827419	501(C)(3)	19,248.	0.			PROVIDES OUTPATIENT REHAB, CLIENT INTERVENTION AND CASE MANAGEMENT. ALSO PROVIDES
EMERGENCY ASSISTANCE FOUNDATION 700 S DIXIE HWY, #200 WEST PALM BEACH, FL 33401	45-1813056	501(C)(3)	32,569.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
ENGINE 557 RESTORATION COMPANY P.O. BOX 875360 WASILLA, AK 99687	46-2663256	501(C)(3)	6,250.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
FAMILY PATHFINDERS OF TARRANT COUNTY - P.O. BOX 470869 - FORT WORTH, TX 76147	73-1643384	501(C)(3)	304,255.	596.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES ASSET DEVELOPMENT FOR CLIENTS.
FEEL THE COLOR 10709 KITTING TRAIL HASLET, TX 76052	84-3929225	501(C)(3)	12,500.	0.			KERNEL AWARD.
FIRST COMMAND EDUCATIONAL FDN. 1 FIRST COMMAND PLAZA FORT WORTH, TX 76109	75-1973894	501(C)(3)	13,817.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
FORT WORTH HOPE CENTER 3625 E LOOP 820 S FORT WORTH, TX 76119	01-0801061	501(C)(3)	10,931.	0.			EMERGENCY RELIEF FUND GRANT AND DONOR DESIGNATED FUNDS.
FORT WORTH HOUSING SOLUTIONS P.O. BOX 430 FORT WORTH, TX 76101	75-6001818	501(C)(3)	13,430.	0.			EMERGENCY HOUSING RELIEF.

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FOUNDATION COMMUNITIES 3036 SOUTH FIRST ST, STE 200 AUSTIN, TX 78704	74-2563260	501(C)(3)	59,350.	474.	COST	PERSONAL PROTECTIVE EQUIPMENT	INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING
FOUNDATION FOR EDUCATION & RESEARCH IN VISION - 4901 CALHOUN RD - HOUSTON, TX 77204-2020	76-0216422	501(C)(3)	50,901.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
GATEHOUSE PROJECT HANDUP P.O. BOX 398 GRAPEVINE, TX 76099	90-0705496	501(C)(3)	44,170.	0.			LIVING COMMUNITY FOR WOMEN WHETHER SINGLE OR WITH CHILDREN LEAVING A CRISIS, SUCH AS ABUSE,
GEMS CAMP 5404 BEXAS ST DALLAS, TX 75215	46-3363376	501(C)(3)	11,250.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
GIRL SCOUTS OF TEXAS 4901 BRIARHAVEN FORT WORTH, TX 76109	75-0818162	501(C)(3)	11,495.	3,294.	COST	PERSONAL PROTECTIVE EQUIPMENT	DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
GIRLS INCORPORATED TARRANT CTY 2820 MATLOCK RD ARLINGTON, TX 76015	75-1514683	501(C)(3)	109,158.	4,271.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SCHOOL AGE CHILD CARE.
GRACE TABERNACLE MISSIONARY BAPTIST CHURCH - 7261 WICHITA ST - FOREST HILL, TX 76140	41-2193862	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS - WINTER STORM DAMAGE.
GRAPEVINE RELIEF & COMMUNITY EXCHANGE - P.O. BOX 412 - GRAPEVINE, TX 76099	75-2195702	501(C)(3)	163,604.	175.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES DIABETIC EDUCATION.
GREATER MOUNT TABOR CHRISTIAN CTR FW - 2513 S. EDGEWOOD TERR - FORT WORTH, TX 76105	75-1943938	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS - WINTER STORM DAMAGE.

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GUARDIANSHIP SERVICES, INC. P.O. BOX 11481 FORT WORTH, TX 76110	75-2739419	501(C)(3)	213,272.	1,315.	COST	PERSONAL PROTECTIVE EQUIPMENT	GRANT FUNDS AND DONOR DIRECTED FUNDS FOR PREVENTION AND PROTECTION OF VULNERABLE ADULTS
H.E.R.O.E.S. 101 S COIT RD, STE 36348 RICHARDSON, TX 75080	46-3401959	501(C)(3)	5,109.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
HOPE OUTLOOK FOUNDATION 6208 FORSET RIVER DR FORT WORTH, TX 76112	83-4260358	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS - WINTER STORM DAMAGE.
HULEN STREET BAPTIST CHURCH 7100 SOUTH HULEN ST FORT WORTH, TX 76133	75-6005028	501(C)(3)	35,590.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
IGLESIA COMUNIDAD DE AMOR FE Y ESPERANZA - 2200 EAST PARK ROW DR - ARLINGTON, TX 76010	46-0567200	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS - WINTER STORM DAMAGE.
INLAND SOCAL UNITED WAY 9624 HERMOSA AVE RANCHO CUCAMONGA, CA 91730	95-2287250	501(C)(3)	5,994.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
JEWISH FAMILY SERVICES 4049 KINGSRIDGE RD FORT WORTH, TX 76109	75-0808797	501(C)(3)	5,000.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
JEWISH FEDERATION FORT WORTH 4049 KINGSRIDGE RD FORT WORTH, TX 76109	75-0808797	501(C)(3)	6,273.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO LOCAL FAMILIES.
KANSAS STATE UNIV FOUNDATION 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	48-0667209	501(C)(3)	7,489.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.

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LADDER ALLIANCE 1100 HEMPHILL ST, #302 FORT WORTH, TX 76104	06-1674011	501(C)(3)	16,683.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
LEADERSHIP ISD 3603 TOWNSEND DR DALLAS, TX 75229	45-2794224	501(C)(3)	10,000.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
LENA POPE HOME 3131 SANGUINET ST FORT WORTH, TX 76107	75-6003583	501(C)(3)	97,270.	0.			PROVIDES DAY TREATMENT CENTER, CLINICAL COUNSELING, AND RUNS FORT WORTH FAMILY SUPPORT
MARRIAGE MANAGEMENT 1061 MEADOW SCAPE DR BURLESON, TX 76028	56-2591161	501(C)(3)	10,000.	0.			VETERANS FUND GRANT - VETERAN'S SERVICES, INCLUDING FAMILY AND MARRIAGE COUNSELING,
MEALS ON WHEELS, INC OF TARRANT COUNTY - 320 SOUTH FWY - FORT WORTH, TX 76104	75-1568798	501(C)(3)	3,690,688.	0.			TRANSPORTATION VOUCHERS & HOME DELIVERED MEALS & PARTICIPANT ASSESSMENT, HEALTHY IDEAS, CLP.
MEDINA CHILDREN'S HOME 21300 STATE HWY 16N MEDINA, TX 78055-9615	74-1323914	501(C)(3)	5,573.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
MISSION ARLINGTON/METROPLEX 210 WEST SOUTH ST ARLINGTON, TX 76010	75-2354962	501(C)(3)	9,184.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
MY HEALTH MY RESOURCES OF TARRANT COUNTY - P.O. BOX 2603 - FORT WORTH, TX 76113	75-2890731	501(C)(3)	72,078.	0.			PROVIDES PEER SUPPORT THROUGH CRISIS INTERVENTION, CASE MANAGEMENT, MENTAL HEALTH
NEW VICTORIOUS BAPTIST CHURCH 2507 E LOOP 820 FORT WORTH, TX 76116	30-1197643	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS - WINTER STORM DAMAGE.

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PARENTING CENTER 2928 WEST FIFTH ST FORT WORTH, TX 76107	23-7454254	501(C)(3)	37,352.	0.			PROVIDES FAMILY LIFE EDUCATION, CHILD ABUSE PREVENTION, CRISIS INTERVENTION AND CASE
PARTNERS IN CARE FOUNDATION 732 MOTT ST, #150 SAN FERNANDO, CA 91340	95-3954057	501(C)(3)	20,000.	0.			GRANT FUNDS FOR COVID-19 OUTREACH.
PLANNED PARENTHOOD OF NORTH TX 7424 GREENVILLE AVE, STE 206 DALLAS, TX 75231	75-0863740	501(C)(3)	6,826.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
PRESBYTERIAN NIGHT SHELTER T.C. P.O. BOX 2645 FORT WORTH, TX 76113	75-1985591	501(C)(3)	167,015.	1,720.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SHELTER CARE. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT
PROMISE HOUSE 224 WEST PAGE AVE DALLAS, TX 75208	75-2180083	501(C)(3)	5,000.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
RECOVERY RESOURCE COUNCIL 2700 AIRPORT FWY FORT WORTH, TX 76111	75-6005093	501(C)(3)	110,523.	2,394.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT, GENERAL DRUG AND ALCOHOL EDUCATION
ROLL CALL OF NORTH TEXAS P.O. BOX 35052 FORT WORTH, TX 76162	81-4297002	501(C)(3)	7,343.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
SAFEHAVEN OF TARRANT COUNTY 1100 HEMPHILL ST, #303 FORT WORTH, TX 76104	75-1670281	501(C)(3)	193,775.	977.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES EMERGENCY CRISIS SHELTER, TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS
SALVATION ARMY P.O. BOX 2333 FORT WORTH, TX 76113	75-0800678	501(C)(3)	197,694.	666.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES A FORT WORTH AND ARLINGTON SHELTER, EMERGENCY ASSISTANCE, AND SHELTER CARE. RECEIVED

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SCOTTISH RITE HOSPITAL 2222 WELBORN ST DALLAS, TX 75219	75-0818178	501(C)(3)	9,403.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
SEED EFFECT P.O. BOX 141223 DALLAS, TX 75214	46-0639137	501(C)(3)	10,148.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
SHARED WORTH OF TARRANT COUNTY 1459 ARBOR RIDGE DR FORT WORTH, TX 76112	84-2730988	501(C)(3)	5,000.	0.			KERNEL AWARD.
SICKLE CELL DISEASE ASSOC. P.O. BOX 570817 DALLAS, TX 75357-0817	75-1384657	501(C)(3)	5,308.	0.			PROVIDES SICKLE CELL DISEASE EDUCATIONAL PROGRAM.
SIXTY AND BETTER, INC 1400 CIRCLE DR, #300 FORT WORTH, TX 76119	75-1251339	501(C)(3)	989,617.	188.	COST	PERSONAL PROTECTIVE EQUIPMENT	NUTRITION EDUCATION, PHYSICAL FITNESS, MATTER OF BALANCE CLASSES, CONGREATE MEALS, HEALTHY
SOUTHWESTERN DIABETIC FND P.O. BOX 918 GAINESVILLE, TX 76241	75-6002547	501(C)(3)	38,426.	0.			RUNS CAMP SWEENEY WHICH PROVIDES A RESIDENTIAL DIABETIC LIFE SKILLS TRAINING PROGRAM FOR
SPECIAL OLYMPICS OF TEXAS 13400 IMMANUEL RD, STE 1C PFLUGERVILLE, TX 78660	74-1998367	501(C)(3)	9,774.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
ST FRANCIS DE SALES HIGH SCHOOL FDN - 2323 W BANCROFT ST - TOLEDO, OH 43607	34-1696266	501(C)(3)	6,000.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	18,922.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARRANT AREA FOOD BANK 2600 CULLEN ST FORT WORTH, TX 76107	75-1822473	501(C)(3)	6,651.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
TARRANT COUNTY CHALLENGE INC 226 BAILEY AVE, STE 105 FORT WORTH, TX 76107	75-2126450	501(C)(3)	5,961.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
TARRANT COUNTY FURNITURE BANK 3717 CAROLYN RD FORT WORTH, TX 76109	83-1957997	501(C)(3)	7,500.	0.			KERNEL AWARD.
TARRANT COUNTY HOMELESS COALITION P.O. BOX 471638 FORT WORTH, TX 76147-1406	75-2331643	501(C)(3)	5,000.	0.			SCALABLE COMMUNITY CHANGE GRANT AND VETERANS FUND GRANT FOR HOMELESSNESS.
TARRANT COUNTY OFFICE OF THE COUNTY JUDGE - 100 E WEATHERFORD ST - FORT WORTH, TX 76196	75-2267767	GOVERNMENT	139,497.	0.			TARRANT COUNTY LAW ENFORCEMENT MEMORIAL FUND.
TARRANT COUNTY YOUTH RECOVERY CAMPUS(MHMR) - 1527 HEMPHILL ST, #622 - FORT WORTH, TX 76104	75-2890731	501(C)(3)	19,125.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
TARRANT LITERACY COALITION P.O. BOX 123537 FORT WORTH, TX 76124	26-3821487	501(C)(3)	37,066.	223.	COST	PERSONAL PROTECTIVE EQUIPMENT	THE COALITION IS DEDICATED TO ADVANCING THE ABILITY OF ADULTS TO READ, WRITE, SPEAK,
THE COOPER MAX FOUNDATION 2520 CR 531 BURLESON, TX 76028	82-3832813	501(C)(3)	12,563.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
TRINITY HABITAT FOR HUMANITY 9333 N NORMAN DALE ST FORT WORTH, TX 76116	75-2239189	501(C)(3)	9,545.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.

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TRUE LOVE SANCTUARY TX SOUTH/CHRIST HOLY SANCTIFIED CHURCH - 1911 YUMA - FORT WORTH, TX 76104	83-2185415	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS - WINTER STORM DAMAGE.
UNITED COMMUNITY CENTERS 1200 E. MADDOX AVE FORT WORTH, TX 76104	23-7122922	501(C)(3)	27,025.	1,055.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDE CLIENT INTERVENTION, ADULT LITERACY PROGRAMS, SOCIAL DEVELOPMENT PROGRAMS FOR
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W GRAND BLVD, STE 500 - DETROIT, MI 48202	20-3099071	501(C)(3)	9,925.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF ALBANY COUNTY 710 E GARFIELD ST, STE 240 LARAMIE, WY 82070-3986	83-0186732	501(C)(3)	5,000.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF BRAZORIA COUNTY P.O. BOX 1959 ANGLETON, TX 77516-1959	74-1362982	501(C)(3)	6,024.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF BROOME COUNTY BOX 550 BINGHAMPTON, NY 13902-0550	15-0564074	501(C)(3)	12,864.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF CENTRAL CAROLINAS P.O. BOX 890685 CHARLOTTE, NC 28289-0685	56-0529948	501(C)(3)	9,417.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF CENTRAL INDIANA 2955 N. MERIDIAN ST, STE 300 INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	5,977.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF CENTRAL MARYLAND P.O. BOX 64282 BALTIMORE, MD 21264-4282	52-0591543	501(C)(3)	6,550.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.

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UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE, STE 200 ALBUQUERQUE, NM 87106	85-0277138	501(C)(3)	5,984.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF CENTRAL OKLAHOMA P.O. BOX 248919 OKLAHOMA CITY, OK 73124	73-0589829	501(C)(3)	18,693.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF COLUMBIA-WILLAMETTE 619 SW 11TH AVE, #300 PORTLAND, OR 97205-2646	93-0582124	501(C)(3)	5,934.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF DENTON COUNTY 625 DALLAS DR, #525 DENTON, TX 76205	75-1251128	501(C)(3)	57,863.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVE, NE ATLANTA, GA 30303	58-0566194	501(C)(3)	11,815.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202	31-0537502	501(C)(3)	11,528.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF GREATER HOUSTON P.O. BOX 3247 HOUSTON, TX 77253-3247	74-1167964	501(C)(3)	9,029.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF GTR AUSTIN 2000 EAST MLK JR BLVD AUSTIN, TX 78702	74-1193439	501(C)(3)	19,858.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF GTR LOS ANGELES 1150 SOUTH OLIVE ST, #T500 LOS ANGELES, CA 90015	95-2274801	501(C)(3)	6,518.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.

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UNITED WAY OF HAYS COUNTY P.O. BOX 1728 SAN MARCOS, TX 78667-1728	74-2257167	501(C)(3)	5,882.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF HOOD COUNTY P.O. BOX 1611 GRANBURY, TX 76048	75-2794263	501(C)(3)	5,570.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF JOHNSON COUNTY P.O. BOX 31 CLEBURNE, TX 76033	75-1101239	501(C)(3)	12,910.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF KING COUNTY 720 2ND AVE SEATTLE, WA 98104-1702	91-0565555	501(C)(3)	28,474.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF KITSAP COUNTY 647 4TH ST, STE 101 BREMERTON, WA 98337-1411	91-0623990	501(C)(3)	5,906.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF LARIMER COUNTY 525 W OAK ST, STE 101 FORT COLLINS, CO 80521	84-6031503	501(C)(3)	6,909.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF MADISON COUNTY 205 W 11TH ST ANDERSON, IN 46013	35-1052350	501(C)(3)	5,838.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF MASSACHUSETTS BAY & MERRIMACK VALLEY - 51 SLEEPER ST - BOSTON, MA 02210	04-2382233	501(C)(3)	5,934.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR DALLAS, TX 75202	75-6005352	501(C)(3)	185,911.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MOJAVE VALLEY P.O. BOX 362 BARSTOW, CA 92312	95-2431051	501(C)(3)	8,333.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF PARKER COUNTY P.O. BOX 1476 WEATHERFORD, TX 76086	75-2867921	501(C)(3)	53,348.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF PIERCE COUNTY P.O. BOX 2215 TACOMA, WA 98401-2215	91-0650669	501(C)(3)	29,716.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF SAN ANTONIO P.O. BOX 898 SAN ANTONIO, TX 78293	74-1272381	501(C)(3)	18,579.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD SAN DIEGO, CA 92123-5371	95-2213995	501(C)(3)	11,858.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF THE BAY AREA 550 KEARNY ST, #1000 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	17,927.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL RD, #420 - VIENNA, VA 22182-2223	53-0234290	501(C)(3)	28,985.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF WHATCOM COUNTY 1511 CORNWALL AVE BELLINGHAM, WA 98225-4521	91-0570788	501(C)(3)	6,871.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY OF WISE COUNTY P.O. BOX 213 DECATUR, TX 76234	75-1748583	501(C)(3)	19,777.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.

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UNITED WAY SUNCOAST 5201 WEST KENNEDY BLVD, #600 TAMPA, FL 33609-1820	59-3725701	501(C)(3)	14,788.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804-4174	59-0808854	501(C)(3)	6,173.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY MILE HIGH 711 PARK AVE W DENVER, CO 80205	84-0404235	501(C)(3)	14,811.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY ORANGE COUNTY 18012 MITCHELL BLVD SOUTH IRVINE, CA 92614-6008	33-0047994	501(C)(3)	5,106.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UNITED WAY VALLEY OF THE SUN 3200 EAST CAMELBACK RD, #375 PHOENIX, AZ 85018-2328	86-0104419	501(C)(3)	23,076.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
UW OF THE GREATER TRIANGLE P.O. BOX 110583 DURHAM, NC 27709	56-1949103	501(C)(3)	5,405.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
VOLUNTEERS OF AMERICA 300 E MIDWAY DR EULESS, TX 76039	75-0827469	501(C)(3)	57,000.	0.			VETERAN'S FUND GRANT - VETERAN'S SERVICES, INCLUDING ADDICTION TREATMENT, JOB TRAINING,
WASHBURN LAW SCHOOL FOUNDATION SCHOOL OF LAW WASHBURN UNIVERSITY TOPEKA, KS 66621	48-0906278	501(C)(3)	6,250.	0.			DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY.
WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110	75-1501868	501(C)(3)	313,542.	193.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES ADULT LITERACY EDUCATION PROGRAMS, SUPPORT AND SECURITY TO RAPED ADULTS AND

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

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YMCA OF ARLINGTON 1148-H WEST PIONEER PKWY ARLINGTON, TX 76013	75-1000839	501(C)(3)	6,359.	577.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SCHOOL AGE CHILDCARE, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG
YMCA OF METRO FORT WORTH 512 LAMAR ST, #400 FORT WORTH, TX 76102	75-0827471	501(C)(3)	80,649.	871.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SCHOOL AGE CHILDCARE, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG
BARBARA CARES P.O. BOX 15007 FORT WORTH, TX 76119	83-3204570	501(C)(3)	0.	12,122.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES AID, EDUCATION, COORDINATION TO BREAST CANCER PATIENTS AND THEIR FAMILIES.
MONA'S HEART OUTREACH 2350 E MAYFIELD RD ARLINGTON, TX 76014	82-1773884	501(C)(3)	0.	23,065.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES ASSISTANCE, FOOD, AND RESOURCES TO THE HOMELESS.
CATHOLIC DIOCESE OF FORT WORTH 800 W LOOP 820 S FORT WORTH, TX 76108	23-7052369	501(C)(3)	0.	5,890.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES PPE TO PREVENT THE SPREAD OF COVID-19.
FAMILY FIRST ORGANIZATION 4212 CAREY ST FORT WORTH, TX 76119	75-2363035	501(C)(3)	0.	9,111.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES YOUTH MENTORING, ACADEMIC SUPPORT, AND LIFE SKILLS DEVELOPMENT.
SAINT PHILIP PRESBYTERIAN CHURCH 745 W PIPELINE RD HURST, TX 76053	75-1175047	501(C)(3)	0.	11,106.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES PPE TO PREVENT THE SPREAD OF COVID-19.
GRAND PRAIRIE HOMELESS OUTREACH ORGANIZATION - 727 HILL ST, STE C - GRAND PRAIRIE, TX 75050	84-2980727	501(C)(3)	0.	10,871.	COST	PERSONAL PROTECTIVE EQUIPMENT	PROVIDES SERVICES TO THE HOMELESS.

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAREGIVER RESPITE	136	241,505.	89,067.	YEARLY REPORT SUBMITTED TO HHS	IN-KIND MATCH
HEALTH MAINTENANCE SERVICES	597	314,490.	131,503.	YEARLY REPORT SUBMITTED TO HHS	IN-KIND MATCH
INCOME SUPPORT	2	152,051.	0.		CASH MATCH
RESIDENTIAL REPAIR	218	385,296.	112,696.	YEARLY REPORT SUBMITTED TO HHS	IN-KIND MATCH
ARTISTS RELIEF FUND GRANTS	30	9,000.	0.		CASH MATCH

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

PART II, LINE 1, COLUMN (H):

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

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

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS - CHISHOLM TRAIL CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTIONS AND CASE MANAGEMENT. PROVIDES DISASTER RELIEF AND TRANSPORTATION TO PREVENT

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WINTER STORM GRANTS	1,071.	267,750.	0.		CASH MATCH

Part IV Supplemental Information

ISOLATION.

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF NORTH TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CHILDREN WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGES LIVES FOR THE BETTER.

NAME OF ORGANIZATION OR GOVERNMENT:

CAMP FIRE USA FIRST TEXAS COUNCIL, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SCHOOL AGE CHILD CARE, CREATIVE SOLUTIONS TO CONNECT FAMILIIES TOGETHER AND PROVIDE SUPPORT SERVICES, AND ADMINISTRATIVE AND CLASSROOM MENTORING AND TRAINING SERVICES TO THE KIDS WAY CHILD CARE QUALITY ENHANCEMENT PROGRAM PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH & HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR TRANSFORMING LIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CHILDREN DEVELOPMENT PROGRAMS, SUPPORTIVE LIVING IN TRANSITIONAL HOUSING ARRANGEMENTS, AND MY OWN PLACE PROGRAM WHICH PROVIDE YOUNG ADULT WOMEN AGING OUT OF FOSTER CARE INTO INDEPENDENT LIVING. RUNS THE READY FOR SCHOOL INITIATIVE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHILD STUDY CENTER, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH & HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CASE MANAGEMENT FOR CHILDREN AND THEIR FAMILIES, AS WELL AS SUPPORT IN THEIR EDUCATIONAL AND SOCIAL DEVELOPMENT, TO HELP CHILDREN REACH THEIR FULL EDUCATIONAL POTENTIAL.

NAME OF ORGANIZATION OR GOVERNMENT: CON MI MADRE

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN'S FUND GRANT PROVIDES PREPARATION FOR LATINA YOUTH AND THEIR MOTHERS, ACADEMICALLY, SOCIALLY, EMOTIONALLY, AND FINANCIALLY FOR POSTSECONDARY EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: DENTAL HEALTH FOR ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: RUNS THE ALLAN SAXE CLINIC WHICH PROVIDES FREE TO LOW COST DENTAL SERVICES AND THE SMILES SCHOOL-BASED PREVENTION PROGRAM.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS NORTH TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES OUTPATIENT REHAB, CLIENT INTERVENTION AND CASE MANAGEMENT. ALSO PROVIDES HOMEMAKER AND RESPITE CARE. HELPS CLIENTS WITH JOB PLACEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH & HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: GATEHOUSE PROJECT HANDUP

(H) PURPOSE OF GRANT OR ASSISTANCE: LIVING COMMUNITY FOR WOMEN WHETHER SINGLE OR WITH CHILDREN LEAVING A CRISIS, SUCH AS ABUSE, POVERTY, HOMELESSNESS, TRAGIC DIVORCE OR OTHER REASONS.

NAME OF ORGANIZATION OR GOVERNMENT: GUARDIANSHIP SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FUNDS AND DONOR DIRECTED FUNDS FOR PREVENTION AND PROTECTION OF VULNERABLE ADULTS AGAINST FINANCIAL EXPLOITATION.

NAME OF ORGANIZATION OR GOVERNMENT: LENA POPE HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES DAY TREATMENT CENTER, CLINICAL COUNSELING, AND RUNS FORT WORTH FAMILY SUPPORT CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: MARRIAGE MANAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: VETERANS FUND GRANT - VETERAN'S SERVICES, INCLUDING FAMILY AND MARRIAGE COUNSELING, MENTAL HEALTH

Part IV Supplemental Information

COUNSELING.

NAME OF ORGANIZATION OR GOVERNMENT:

MY HEALTH MY RESOURCES OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES PEER SUPPORT THROUGH CRISIS INTERVENTION, CASE MANAGEMENT, MENTAL HEALTH EDUCATION, AN OMBUDSMAN PROGRAM AND ADVOCACY TO THOSE WITH MENTAL HEALTH ISSUES. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE SUPPORTIVE SERVICES TO 8 HIGH INTENSITY AND 40 MEDIUM INTENSITY CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: PARENTING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FAMILY LIFE EDUCATION, CHILD ABUSE PREVENTION, CRISIS INTERVENTION AND CASE MANAGEMENT AS WELL AS COUNSELING SERVICES.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: RECOVERY RESOURCE COUNCIL

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAFEHAVEN OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES EMERGENCY CRISIS SHELTER, TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS SERVICES, MEN'S NON-VIOLENCE EDUCATIONAL PROGRAMS, AND FILIAL THERAPY WHICH PROVIDES ALTERNATIVE EMOTIONAL SUPPORT FOR ABUSED CHILDREN. ALSO PROVIDES A MULTI-DISCIPLINARY TEAM WITH CPS AND A COLLABORATIVE COMMUNITY RESPONSE TO CHILD WITNESSES OF DOMESTIC VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES A FORT WORTH AND ARLINGTON SHELTER, EMERGENCY ASSISTANCE, AND SHELTER CARE. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT FOR 60-70 CLIENTS; SUPPORTIVE SERVICES FOR 8 HIGH INTENSITY AND 20 MEDIUM INTENSITY CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: SIXTY AND BETTER, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: NUTRITION EDUCATION, PHYSICAL FITNESS, MATTER OF BALANCE CLASSES, CONGREATE MEALS, HEALTHY IDEAS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWESTERN DIABETIC FND

(H) PURPOSE OF GRANT OR ASSISTANCE: RUNS CAMP SWEENEY WHICH PROVIDES A RESIDENTIAL DIABETIC LIFE SKILLS TRAINING PROGRAM FOR CHILDREN WITH DIABETES.

NAME OF ORGANIZATION OR GOVERNMENT: TARRANT LITERACY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COALITION IS DEDICATED TO ADVANCING THE ABILITY OF ADULTS TO READ, WRITE, SPEAK, COMPUTE, AND SOLVE PROBLEMS IN ENGLISH. THE TARRANT LITERACY COALITION IS WORKING TO INCREASE THE QUANTITY AND QUALITY OF PROGRAMS THROUGH INCREASED FUNDING,

Part IV Supplemental Information

TRAINING AND COLLABORATION AMONG LITERACY SERVICE PROVIDERS, BUSINESS LEADERS AND ELECTED OFFICIALS.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CLIENT INTERVENTION, ADULT LITERACY PROGRAMS, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN, CHILD ABUSE PREVENTION, CHILDHOOD OBESITY SUPPORT AND EDUCATION, AND SCHOOL AGE CARE.

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: VETERAN'S FUND GRANT - VETERAN'S SERVICES, INCLUDING ADDICTION TREATMENT, JOB TRAINING, FINANCIAL SUPPORT SERVICES, HOUSING PLACEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CENTER OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES ADULT LITERACY EDUCATION PROGRAMS, SUPPORT AND SECURITY TO RAPED ADULTS AND CHILDREN, EMPLOYMENT PREPARATION, AND COUNSELING. ADULT LITERACY EVALUATION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SCHOOL AGE CHILDCARE, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG ADULTS, CHILDHOOD OBESITY SUPPORT AND EDUCATIONAL PROGRAMS, RUNS TRUCE PROGRAM A GANG PREVENTION PROGRAM, AND PROGRAMS TO PREVENT OLDER ADULTS ISOLATION. ALSO, RUNS A FITFUTURE CHILDHOOD OBESITY IMPACT PROJECT WITHIN THE FORT WORTH ISD TO REDUCE OBESITY BY PROMOTING FITNESS.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF METRO FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SCHOOL AGE CHILDCARE,

Part IV Supplemental Information

SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG ADULTS, CHILDHOOD
OBESITY SUPPORT AND EDUCATIONAL PROGRAMS, RUNS TRUCE PROGRAM A GANG
PREVENTION PROGRAM, AND PROGRAMS TO PREVENT OLDER ADULTS ISOLATION. ALSO,
RUNS A FITFUTURE CHILDHOOD OBESITY IMPACT PROJECT WITHIN THE FORT WORTH
ISD TO REDUCE OBESITY BY PROMOTING FITNESS.

Horizontal lines for supplemental information input.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LEAH KING PRESIDENT & CEO	(i)	206,971.	0.	0.	16,558.	9,721.	233,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFFREY ALLISON EVP & CFO	(i)	182,712.	0.	0.	13,497.	1,182.	197,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

UNITED WAY PAYS FOR THE PRESIDENT/CEO TO BE A MEMBER OF THE FORT WORTH CLUB
TO FACILITATE THE RECRUITMENT AND DEVELOPMENT OF POTENTIAL VOLUNTEERS AND
DONORS IN FURTHERANCE OF THE MISSION OF THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5	X		93,276.	FMV
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	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 purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TARRANT COUNTY HAS NO FEES ON DONOR DESIGNATIONS, WITH 100 PERCENT OF
THE DONATION GOING TO THE SELECTED AGENCY OR CAUSE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE RESPONSE TO COVID-19 HAS RESULTED IN MORE GOVERNMENT GRANT FUNDING,
AN INCREASE IN EMERGENCY RELIEF NEEDS, AND A MORE REMOTE WORKFORCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TOTAL NUMBER OF GRANTEES: 31

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

SERVICE CENTERS:

THREE OUTLYING SERVICE CENTERS ARE LEASED FROM THE CITY OF ARLINGTON
UNDER OPERATING LEASES. THE FACILITIES ARE SUBLEASED TO VARIOUS BENEFIT
AND SERVICE ORGANIZATIONS AND GOVERNMENT AGENCIES.

EXPENSES \$ 491,004. INCLUDING GRANTS OF \$ 0. REVENUE \$ 634,871.

MISSION UNITED:

MISSION UNITED, A MILITARY AND VETERANS OUTREACH AND SERVICES
INITIATIVE OF UNITED WAY OF TARRANT COUNTY, HELPS BOTH VETERANS, ACTIVE
DUTY MILITARY MEMBERS AND THEIR FAMILIES IN NORTH TEXAS FIND COMMUNITY
RESOURCES AND GAIN ACCESS TO A VARIETY OF SERVICES. THE VETERANS FUND
IS DEDICATED TO SUPPORTING MILITARY SERVICE MEMBERS WHO ARE RETURNING

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

TO CIVILIAN LIFE IN THE TARRANT COUNTY AREA, INCLUDING COUNSELING,
CAREER AND FINANCIAL COACHING, ADDICTION TREATMENT AND OTHER
HIGH-PRIORITY NEEDS. TEXAS VETERANS NETWORK PROVIDES ACCESS TO
SERVICES, RESOURCES AND PROGRAMMING FOR ACTIVE MILITARY, VETERANS AND
THEIR FAMILIES. FOR THOSE AGE 60 AND OLDER OR WITH A DISABILITY,
MISSION UNITED PROVIDES A DEDICATED VETERANS SPECIALIST AT THE AREA
AGENCY ON AGING AND THE AGING AND DISABILITY RESOURCE CENTER WHO
PROVIDES CASE MANAGEMENT, HOME VISIT SUPPORT AND OUTREACH TO QUALIFYING
VETERANS, THEIR FAMILIES, AND SPOUSES
EXPENSES \$ 414,041. INCLUDING GRANTS OF \$ 7,500. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS
FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE ORGANIZATION. BOARD
MEMBERS MAKE AN ANNUAL DECLARATION IDENTIFYING OTHER ORGANIZATIONS AND
BUSINESSES IN WHICH THEY HAVE AN INTEREST. THESE ARE THEN REVIEWED AGAINST
THE VARIOUS INTERESTS OF THE ORGANIZATION TO IDENTIFY ANY POTENTIAL
CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE, MADE UP OF BOARD MEMBERS, DOES AN ANNUAL REVIEW
OF ALL KEY EMPLOYEE'S COMPENSATION. THEY BENCHMARK CURRENT COMPENSATION
AGAINST THE MARKET AS WELL AS UNITED WAY OF AMERICA & UNITED WAY OFFICES OF
SIMILAR SIZE TO ENSURE CURRENT COMPENSATION IS COMPARABLE. COMPENSATION IS
ALSO MONITORED AGAINST THE ANNUAL BUDGET. THE COMMITTEE THEN EVALUATES

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

PRESIDENT/CEO COMPENSATION INCLUDING AN INCENTIVE PLAN; THE COMMITTEE THEN MAKES RECOMMENDATIONS FOR BOARD APPROVAL FOR PRESIDENT/CEO PAY ADJUSTMENT. THE COMMITTEE ALSO APPROVES THE PRESIDENT/CEO'S RECOMMENDATIONS FOR OTHER HIGHLY COMPENSATED EMPLOYEES' PAY ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE. FORM 1023 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THEIR AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE, OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VIII, LINE 1F

UNITED WAY OF TARRANT COUNTY IS APPROACHING THE 100TH ANNIVERSARY OF ITS FOUNDING IN NOVEMBER 2022. THE ORGANIZATION IS ANTICIPATING AND PLANNING FOR A MAJOR FUNDRAISING PROGRAM OVER FIVE YEARS TO RAISE DONATIONS FOR OPERATING SUPPORT WELL INTO UWTC'S SECOND 100 YEARS. THE INITIAL PLANNING WORK FOR THE SECOND CENTURY CAMPAIGN BEGAN IN EARLY 2021, AND THE ORGANIZATION BEGAN INCURRING EXPENSES IN 2021 PRIMARILY RELATED TO CAMPAIGN COORDINATION, A STRATEGIC MARKETING PROGRAM, AND EVENT MARKETING. THE ORGANIZATION'S FINANCIAL REPORTS AND FILINGS WILL REFLECT CONSOLIDATED RESULTS INCLUDING SECOND CENTURY CAMPAIGN REVENUES AND EXPENSES, WITH SEPARATE REPORTING SPECIFIC TO THE SECOND CENTURY CAMPAIGN.

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

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

OTHER CHANGES IN ASSETS HELD BY OTHERS	2,395,002.
TIMING DIFFERENCES FOR DONOR DESIGNATED FUNDS	1,612,130.
PENSION ADJUSTMENT	8,626.
TOTAL TO FORM 990, PART XI, LINE 9	4,015,758.

FORM 990, PART XII, LINE 2C

**THE PROCESS FOR REVIEW AND OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM
PRIOR YEARS.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BOARD DEVELOPMENT SYSTEMS, INC. - 83-1151273 1500 NORTH MAIN STREET, SUITE 200 FORT WORTH, TX 76164	SUPPORTING ORGANIZATION	TEXAS	501(C)(3)	LINE 12A, I			X

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOARD DEVELOPMENT SYSTEMS	B	110,000.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.