EXTENDED TO MAY 16, 2022

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

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.

Open to Public Inspection

<u>A I</u>	or the	2020 calendar year, or tax year beginning $$	ending J	<u>UN 30, 2021</u>		
	Check if applicable:	UNITED WAY OF SAN ANTONIO AND BEXAR		D Employer identific	cation number	
	Address change					
	Name change Initial	Doing business as		81-25667		
	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address) 700 SOUTH ALAMO	Room/suite	E Telephone number 210-352-		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,164,798.	
	Amende return	SAN ANIONIO, IX 78205		H(a) Is this a group re	eturn	
	Applica tion	F Name and address of principal officer: CTIKES TOFFIER MAKEEN		for subordinates	? Yes X No	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions	
		e: ► N/A		H(c) Group exemptio		
	art I	organization: X Corporation			1 State of legal domicile: TX	
ø.	1 E	Briefly describe the organization's mission or most significant activities: ${\color{blue} { t UNITE}}$				
Governance	<u>I</u>	BEXAR COUNTY (UWSA) MAINTAINS AN (SEE SCH	EDULE	O FOR CONTI	NUATION)	
rne	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposi	ed of more	than 25% of its net ass		
ove.	3 1			3	5	
	1	Number of independent voting members of the governing body (Part VI, line 1b)			5	
es 8		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0	
ĬĖ		Total number of volunteers (estimate if necessary)			5	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.	
<u>o</u>				Prior Year	Current Year	
	8 (Contributions and grants (Part VIII, line 1h)		3,000.	0.	
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	0.	
Rev	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		74,866.	861,031.	
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		77,866.	861,031.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
X	D 1	Fotal fundraising expenses (Part IX, column (D), line 25)	0.	45,967.	52,020.	
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,967.	52,020.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,899.	809,011.	
	19 F	Revenue less expenses. Subtract line 18 from line 12				
ts o		Fatal assate (Dart V. line 4C)	Ве	ginning of Current Year 12,456,648.	End of Year 15,292,705.	
SSe	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		0.	0.	
Net Assets or	21 T	Net assets or fund balances. Subtract line 21 from line 20		12,456,648.	15,292,705.	
	art II	Signature Block		12,430,040	13,232,703	
		ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and belief it is	
		, and complete. Declaration of preparer (other than officer) is based on all information of whi			into though and botton, it is	
Sig	n	Signature of officer		Date		
Her		NYAN BOUBEL, CFO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN	
Paid		JOSEPH A. HERNANDEZ JOSEPH A. HERNAN	IDEZ 0	4/18/22 if self-employ	P00950841	
Pre		Firm's name ADKF, P.C.	·		74-2606559	
		Firm's address 8610 N. NEW BRAUNFELS, SUITE 101				
_		SAN ANTONIO, TX 78217		Phone no. (2	10) 829-1300	
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or UNITED WAY OF SAN ANTONIO AND BEXAR print 81-2566792 COUNTY ENDOWMENT AND LEGACY FUND Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 700 SOUTH ALAMO return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78205 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Application Return Return Code Is For Is For 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 The books are in the care of RYAN BOUBEL Telephone No. ► 210-352-7009 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. MAY 16, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ $\underline{\hspace{0.5cm}}$ JUN $\underline{\hspace{0.5cm}}$ 30 , $\hspace{0.5cm}$ 2021 ► X tax year beginning JUL 1, 2020

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.

Initial return

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

☐ Change in accounting period

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2020)

0.

Final return

3b

	UNITED WAY OF SAN ANTONIO AND BEXAR		
	n 990 (2020) COUNTY ENDOWMENT AND LEGACY FUND 81-256	<u>6792</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:	`	
	THE MISSION OF UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY (UWSA		<u> </u>
	ENDOWMENT AND LEGACY FUND IS TO MAINTAIN AN ENDOWMENT FUND TO B FOR THE BENEFIT OF AND IN FURTHERANCE OF THE PURPOSES OF UWSA.	E OSEI	<u> </u>
	FOR THE BENEFIT OF AND IN FORTHERANCE OF THE FORFOSES OF UWSA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.	100	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		0.)
	UWSA ENDOWMENT AND LEGACY FUND ENSURES THAT UNITED WAY PROGRAMS		
	SERVICES TO CHILDREN, INDIVIDUALS AND FAMILIES IN OUR COMMUNITY		
	CONTINUE INTO THE FUTURE. A GIFT TO THE ENDOWMENT FUND LEAVES A		
	THAT STRENGTHENS OUR COMMUNITY, IMPROVES LIVES, HELPS US LIVE U	<u>NITED</u>	,
	AND MAKES AN EVERLASTING IMPACT FOR FUTURE GENERATIONS.		
	III. OOM G EOOHG ON GUIT DEN WUG ARE UARDY HEALBUY AND DEADY E		
	UWSA GOALS FOCUS ON CHILDREN WHO ARE HAPPY, HEALTHY AND READY F		
	SCHOOL, STUDENTS WHO GRADUATE FROM HIGH SCHOOL AND BECOME SUCCE ADULTS, SELF-SUFFICIENT INDIVIDUALS AND FAMILIES, AND MEETING	22101	
	RESIDENTS' URGENT AND IMMEDIATE NEEDS.		
	SEE SCHEDULE O FOR CONTINUATION		
	DEL DOMEDOLL O TOX CONTINUITON		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Out)		١
40	(Code:) (Expenses \$,
4d	Other program services (Describe on Schedule O.)		

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2020)

including grants of \$

Total program service expenses

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND

Form 990 (2020)

Part IV Checklist of Required Schedules

81-2566792 Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	Х	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		_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? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_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? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		_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? If "Yes," complete Schedule F, Parts III and IV	16		_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? If "Yes," complete Schedule G, Part I	17		_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? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21		Х
_			000	_

032003 12-23-20

Form **990** (2020)

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND

Form 990 (2020)

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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		<u> </u>
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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>_</u> _
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Software O contains a response of note to any line in this rait v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number reported in Box 3 of Form 1030. Enter 40- in not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20		990	(2020)

Part V

81-2566792

O20) COUNTY ENDOWMENT AND LEGACY FUND

Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, [20] of Foreign Statements, [20] of Foreign Statements, [20] of Foreign Statements (Foreign Statements) of Foreign Statements (Foreign Statements				Yes	No				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines is and 2a is greater than 250, you may be required to g-lip (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A tax y time during the calandary year, did the organization have an interaction or Schrodule O 3b If Yes, 'Industry the calandary year, did the organization have an interaction or Schrodule O 3b If Yes, 'Industry the calandary year, did the organization have an interaction, or a signature or other authority over, a financial account in a foreign country year. 5c If Yes If year, 'Industry the mane of the foreign country year. 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction? 5c Was 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 a charitable contributions? 6c If Yes's I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a default of the organization region and the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c Organizations that may receive deductible organization feel personal property for which it was required to the payor? 7c Organizations that may receive deductible organization and pathy for goods and services provided to the payor? 7d If Yes, 'Indicate the number of Forms 2626 filed during the year 7e If Yes, 'Indicate the number of Forms 2626 filed during the year 7d If Yes, 'Indicate the number of Forms 2626 filed during the year 7e If Was organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 19	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and data is granter than 250, your may be required to _#ibe (see instructions) 3a Date organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," I set if deal Form 960 for this year? If "Ye" or fire 3b, provide an explanation on Schedule O 4c 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 by the set of the		filed for the calendar year ending with or within the year covered by this return 2a 0							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes, 'in set iffed a Form 9000 for fire hisy and 'f 'No' to fire 8b, you'de an explanation on Schedule O 4c 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)? 5c If 'Yes' to lid or be granization and the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization in foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization for longing country (such as a bank account, securities account, or other financial accounts)? 5c Was the organization for prosing the securities and any time during the tax year? 5c Was the organization or provided or organization that it was or is a party to a prohibited tax shelter transaction? 5c Was 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 for missed to the payor? 5c Varyes,' did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible and achievable contributions under section 170(c). 6c Was the organization receive a payment in excess of \$75 ande party as a contribution and party for goods and services provided to the payor? 6c If 'Yes', include the number of Forms 8282 filed during the year 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If we,' include the number of Forms 8282 filed during the year 6c Did the organization received a contribution of qualified intellectual property, did the organization file Form 1090. 7d Possion of the organization sential indirectly in pay premiums on a personal ben	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
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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.			15						
If "Yes," complete Form 4720, Schedule O.	16		16		Y				
	10		10		-21				
		ii 169, complete l'uliii 4/20, conedule 0.	Form	990	(2020)				

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			X
Sec	tion 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion 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?	10a		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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
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?	4=		v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		_
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Α.
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		l
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)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	3 Orny)	avana	DIC
	X Own website X Another's website X Upon request X 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, an	d finan	cial	
	statements available to the public during the tax year.		ui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RYAN BOUBEL - 210-352-7009			
	700 SOUTH ALAMO, SAN ANTONIO, TX 78205			

Form 990 (2020) COUNTY ENDOWMENT AND LEGACY FUND 81-3 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos			nne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		yee	m pen		(** 2/ 1033 1/1100)		and related
	below	dualt	nstitutional trustee	-	Key employee	st co	-E			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) MR. LYNDON HERRIDGE	10.00									
VICE CHAIR	10.00			Х				0.	421,828.	32,959.
(2) MR. CHRISTOPHER MARTIN	5.00									
PRESIDENT & CEO	50.00			Х				0.	321,279.	49,193.
(3) MR. GLENN LUCADOU	5.00									
CHIEF DEVELOPMENT OFFICER	35.00				Х			0.	181,862.	38,124.
(4) MR. EDWARD H. GUERRA	1.00									
EVP, CFO	29.00			Х				0.	179,383.	31,898.
(5) MS. MARY ELLEN BURNS	0.00									
SVP, GRANT IMPLEMENTATION	40.00					X		0.	159,812.	37,368.
(6) MS. LINDA GARZA	0.00									
SVP, CORPORATE CAMPAIGNS	40.00					X		0.	166,346.	29,352.
(7) MS. LADY ROMANO	0.00									
SVP, COMMUNITY IMPACT	40.00					X		0.	140,339.	29,628.
(8) MS. RHONDA DAHLKE	0.00									
VP, CORPORATE CAMPAIGNS & LEADRSHP E	40.00					X		0.	126,948.	25,631.
(9) MR. ANDREW SASSEVILLE	0.00									
SVP, ACCOUNTABILITY AND COMMUNITY SE	40.00					X		0.	131,947.	13,445.
(10) MR. CHARLES E. AMATO	2.00									
CHAIRMAN	2.00	Х		X				0.	0.	0.
(11) MS. LISA A. FRIEL	2.00									_
SECRETARY/TREASURER	2.00	Х		Х				0.	0.	0.
(12) MR. CARLOS E. ALVAREZ	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(13) MR. MICHAEL S. CISKOWSKI	2.00									_
DIRECTOR	2.00	Х	_		_			0.	0.	0.
(14) MR. WILLIAM R. KLESSE	2.00									_
DIRECTOR	2.00	Х	_					0.	0.	0.
					_	_				
		l								
			-	-	_	-				
	1									Form 990 (2020)

Form **990** (2020)

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable			timate					
	hours per week					s both or/trus		compensation from	compensation from related			nount o other	ΣT
	(list any	director						the	organization			pensat	tion
	hours for	or dire	gu .			ited		organization	(W-2/1099-MIS	SC)		om the	
	related organizations	ustee	truste		e e	Suedu		(W-2/1099-MISC)				anizati d relate	
	below	Individual trustee or	Institutional trustee	-	sey employee	Highest compensated employee	er					nizatio	
	line)	Indivi	Instit	Officer	Key e	Highe	Former						
		ŀ											
4b Cubbatal		<u> </u>						0.	1,829,74	1 /	28'	7,59	3 8
1b Subtotal c Total from continuation sheets to Part VII								0.	1,029,7	0.	40	1,55	0.
d Total (add lines 1b and 1c)								0.	1,829,74		28'	7,59	
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	•		-	
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,													v
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								or componentian from the			3		<u> </u>
and related organizations greater than \$150								•	•		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor										pensa	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	С	(C omper		1
								·			•		
							_						
							\dashv						
							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation >				()						000	
											Form 9	9 9U (2	2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		•	-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0		- Foderstad compaison					0001101101011210111
Contributions, Gifts, Grants and Other Similar Amounts	1 6	a Federated campaigns 1a		-			
Sra Iou	-	b Membership dues 1b		-			
s, (Am	•	c Fundraising events 1c		-			
ij a	(d Related organizations 1d					
s, (mi	•	e Government grants (contributions) 1e					
<u>e</u> s	1	f All other contributions, gifts, grants, and					
he j		similar amounts not included above 1f					
풀		g Noncash contributions included in lines 1a-1f					
Š	ì	h Total. Add lines 1a-1f					
<u> </u>		Total / Ida iii ii i	Business Code				
	•	_	Buomeso oduc				
<u>.</u>	2 6						
e S		b					
S c	(
e a	•	d					
Program Service Revenue	•	e					
ᇫ	1	f All other program service revenue					
	9	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		240,602.			240,602.
	4	Income from investment of tax-exempt bond p		,			,
	5						
	3	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersoriai	-			
		a Gross rents 6a		-			
		b Less: rental expenses 6b		-			
		c Rental income or (loss) 6c					
	(d Net rental income or (loss)	<u></u>				
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3,924,196.					
	-	b Less: cost or other basis					
ā		and sales expenses 7b 3,303,767.					
ther Revenue		c Gain or (loss) 7c 620,429.					
ě		d Net gain or (loss)	•	620,429.	620,429.		
포		a Gross income from fundraising events (not		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
풀	0 (
0							
		contributions reported on line 1c). See					
		Part IV, line 18		-			
		b Less: direct expenses 8b					
	•	c Net income or (loss) from fundraising events	<u></u>				
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
	1	b Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10k					
		J	<u> </u>				
-+		c Net income or (loss) from sales of inventory	Business Code				
2			Business Code				
eor Ie	11 a						
an en	ı	b					
Miscellaneous Revenue	(c					
Ajš.	(d All other revenue					
_		e Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions		861,031.	620,429.	0.	240,602.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must cor	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				<u> </u>
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees	52,020.		52,020.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				<u> </u>
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance				
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 0.)				
a					
b					
q					
d	All other expanses				
е 25	All other expenses Add lines 1 through 24e	52,020.	0.	52,020.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	J4,U4U•	0.	34,040•	<u>U•</u>
∠0	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)				

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

Par	τλ	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,000.	1	0
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	330,000.	3	240,000	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ		6		
2	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		12,123,648.	11	15,052,705
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		10 156 610	15	45 000 505
	16	Total assets. Add lines 1 through 15 (must e		12,456,648.	16	15,292,705
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, su				
<u>a</u>		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X		25	
	00	of Schedule D		0.	26	0
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or		0.	26	<u> </u>
ရွ		and complete lines 27, 28, 32, and 33.	neck nere 🖊 🔼			
2	27				27	
<u>a</u>	28	Net assets with donor restrictions		12,456,648.	28	15,292,705
<u>6</u>	20	Organizations that do not follow FASB ASC		12,450,040.	20	13,232,103
ᇤᅵ		and complete lines 29 through 33.	7 936, Check here			
<u>5</u>	29	Capital stock or trust principal, or current fun	de		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
1SS	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		12,456,648.	32	15,292,705
~	UŽ	Total liabilities and net assets/fund balances	12,456,648.	33	15,292,705	

Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		86	1,0	<u>31.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,0: 9,0:			
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12							
5 Net unrealized gains (losses) on investments 5								
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				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	15	, 29	2,7	05.		
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: Cash X Accrual Other		_					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	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?		[2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	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?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Γ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b				
				Form	990	(2020)		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

UNITED WAY OF SAN ANTONIO AND BEXAR

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COUNTY ENDOWMENT AND LEGACY FUND 81-2566792 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) 74-1272381 SEE PART VI X 0

Total

0

0.

Schedule A (Form 990 or 990-EZ) 2020 COUNTY ENDOWMENT AND LEGACY FUND

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.)

Sec	tion A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ization'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						
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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
	tion C. Computation of Publi						
	Public support percentage for 2020 (li		•	* * * * * * * * * * * * * * * * * * * *		14	%
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the c	-			14 is 33 1/3% or m	ore, check this box	k and
_	stop here. The organization qualifies		•				
b	33 1/3% support test - 2019. If the o	-			l line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•			17a and the 45 to	
b	10% -facts-and-circumstances test	_				•	10% or
	more, and if the organization meets the						▶ □
10	organization meets the facts-and-circu				•		
ΙĞ	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020 COUNTY ENDOWMENT AND LEGACY FUND

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.)

Se	ction A. Public Support						
Cale	ndar 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	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ļ					
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar 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,	ļ					
	and income from similar sources						
k	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	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	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 th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

032023 01-25-21

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	. 50	
	X	
1	Λ	
		v
2		X
3a		Х
3b		
0.		
3c		
4a		Х
4b		
4c		
5a		X
5b		
5c		
6		X
7		X
8		X
9a		Х
		77
9b		X
9с		Х
10a		Х
104		
990 or 99	M-F7	2020

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			v
	11c below, the governing body of a supported organization?	11a	\vdash	X
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		Х
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	and an experiment organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
	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? 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.	1	Х	
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? 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.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
360	tion b. 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
9	these activities but for the organization's involvement. Perent of Supported Organizations Answer lines 2a and 2b below	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
b	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	a contraction and the second of the second o	, 55		4

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 COUNTY ENDOWMENT AND LEGACY FUND 81-2566792 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 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 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 4

Schedule A (Form 990 or 990-EZ) 2020

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	V
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). 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				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>i_</u>	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				
<u> </u>	Applied to 2020 distributable amount				
	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. 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				
<u>e</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

UNITED WAY OF SAN ANTONIO AND BEXAR

Schedule A (Form 990 or 990-EZ) 2020 COUNTY ENDOWMENT AND LEGACY FUND 81-2566792 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, lines 1, Part IV, Section B, lines 1, Part IV, Section B,

Section	Part IV, Section D, lines 2 and 3 D, lines 5, 6, and 8; and Part V structions.)	Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part , Section E, lines 2, 5, and 6. Also complete this part for any addit	: V, Section B, line 1e; Part V, onal information.
SCHEDULE A,	, PART I, LINE 1	2G, COLUMN(I)	
UNITED WAY	OF SAN ANTONIO	AND BEXAR COUNTY	

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 Open to Public Inspection

Name of the organization

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND

Employer identification number 81-2566792

	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			of the complete if the
	organization answered Tes on Form 550, Fartiv, inte	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets he	ld in donor advis	ed funds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose	conferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes	s" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	f a historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribu	ition in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired aff	er 7/25/06, and not on	a historic structu	ıre
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or to	erminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, an	d enforcing cons	servation easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and ent	forcing conservation	tion easements during the year
_	\$			(1.)(4)(7)(1)
8	Does each conservation easement reported on line 2(d) above			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's	financiai stateme	ents that describes the
Pa	organization's accounting for conservation easements. 't III Organizations Maintaining Collections of A	Art. Historical Trea	asures, or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form 9			
	If the organization elected, as permitted under FASB ASC 958,		enue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publi	•		
	service, provide in Part XIII the text of the footnote to its finance			·
h	If the organization elected, as permitted under FASB ASC 958,			
-	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:	ministry, caddation, or	roocaron in ranti	iorance of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(m) 4			. .
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
	Assets included in Form 990, Part X			

032051 12-01-20

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

Schedule D (Form 990) 2020

	dule D (Form 990) 2020 COUNTY	WAY OF SAN	AND LEGACY	FUND		2566792 _{Page} 2
	t III Organizations Maintaining C					
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make s	significant use of	its
	collection items (check all that apply):					
a	Public exhibition	d		hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	·	•	· ·		art XIII.
5	During the year, did the organization solicit of					
Dos	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" o	n Form 990, Part	IV, line 9, or
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions	s or other assets not	included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?	Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	
1a	Beginning of year balance	12,456,648.	11,982,359.			
b	Contributions	0.	3,000.	5,847.	· · · · ·	
С	Net investment earnings, gains, and losses	2,836,057.	471,289.	660,097.	410,26	408,675.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses	45 000 505	10 156 610	11 000 050	44 245 44	5 0 111 155
g	End of year balance	15,292,705.	12,456,648.	, ,	11,316,41	9,441,155.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:		
a	Board designated or quasi-endowment		_%			
b	Permanent endowment ► 100	%				
С		<u>_</u> %				
_	The percentages on lines 2a, 2b, and 2c sho					
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	id administered for t	he organization	[v] v
	by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					···· -
b	If "Yes" on line 3a(ii), are the related organiza					3b
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.			
ı uı	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part X	, line 10.	
	Description of property	(a) Cost or o	, , , , , ,	' '	Accumulated epreciation	(d) Book value
1a	Land	<u> </u>	,	. ,		
U	Buildings					

Schedule D (Form 990) 2020

e Other

c Leasehold improvements
d Equipment

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

Dort VIII Investments Other Counities	1111111 11112 11101		rage
Part VII Investments - Other Securities.	F 000 D+ N/ E	Adh. Osa Farra 000 Bart V. Kas 40	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	Or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000, Port V. col. (P) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Farms 000 Deet IV lines	11 - Cas Farra 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
	(b) Book value	(O) Welfied of Valuation. Good of ond	or your market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	•		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	>	
Part X Other Liabilities.	<i>10.j</i>		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (h) must equal Form 990, Part X, col. (R) line	25.)	•	

X 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

Schedule D (Form 990) 2020

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

chedule D (Form 990) 2020 COUNTY ENDOWMENT AND LEGACY FUND		OMITED	WAI O	L SWI	HINT	ONIO .	MIND	DEVVI
	hedule D (Form 990) 2020	COUNTY	ENDOW	MENT	AND	LEGAC	Y FU	JND

Pai	rt XI Reconciliation of Revenue per Au	dited 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	
2	Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but	ut not on line 1:		
а	Investment expenses not included on Form 990, Pa	rt VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal	Form 990, Part I, line 12.)	5	
Pa	irt XII Reconciliation of Expenses per Au	udited Financial Statements With Expens	es per Return.	
	Complete if the organization answered "Yes"			
1		on Form 990, Part IV, line 12a. ements	1	
1 2	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa	ements art IX, line 25:	1	
	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa	ements art IX, line 25:	1	
2	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities	ements art IX, line 25:	1	
2 a	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities	ements art IX, line 25: 2a 2b	1	
2 a	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities Prior year adjustments Other losses	ements art IX, line 25: 2a 2b 2c	1	
2 a b c	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ements art IX, line 25: 2a 2b 2c 2d		
2 a b c d	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ements art IX, line 25: 2a 2b 2c 2d		
a b c d	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ements art IX, line 25: 2a 2b 2c 2d		
2 a b c d e 3	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but	ements art IX, line 25: 2a 2b 2c 2d 2d		
2 a b c d e 3	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Pa	ements art IX, line 25: 2a 2b 2c 2d 2d		
2 a b c d e 3 4 a	Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII.)	ements art IX, line 25: 2a 2b 2c 2d 2d rnot on line 1: rt VIII, line 7b 4a	2e 3	
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII.) Add lines 4a and 4b	ements art IX, line 25: 2a 2b 2c 2d 2d rnot on line 1: art VIII, line 7b 4a 4b	2e 3	

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 X, LINE 2:

UWSA AND THE ENDOWMENT ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE CONSOLIDATED FINANCIAL STATEMENTS. GAAP REQUIRES RECOGNITION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS. ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, UWSA DID NOT RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS. TAX YEARS 2020-2018 REMAIN OPEN TO EXAMINATION BY THE TAXING JURSIDICTIONS THAT THE ORGANIZATION IS SUBJECT TO, AND THESE PERIODS HAVE

Part XIII Supplemental Information (continued)	Page 3
NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUE OF LIMITATIONS.	
FORM 990, SCHEDULE D, PART V, LINE 4:	
MAKING DISTRIBUTIONS EXCLUSIVELY TO UNITED WAY OF SAN ANTONIO AND BEXAR	
COUNTY TO BE USED FOR ALLOCATIONS TO UNITED WAY PROGRAMS AND AGENCIES.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

► Go to www.irs.gov/Form990 for instructions and the latest information.
UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY ENDOWMENT AND LEGACY FUND

Employer identification number 81-2566792

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	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	7		<u>X</u>
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	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MR. LYNDON HERRIDGE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR	(ii)	421,828.	0.	0.	25,650.	7,309.	454,787.	0.
(2) MR. CHRISTOPHER MARTIN	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	321,279.	0.	0.	25,650.	23,543.	370,472.	0.
(3) MR. GLENN LUCADOU	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	181,862.	0.	0.	17,280.	20,844.	219,986.	0.
(4) MR. EDWARD H. GUERRA	(i)	0.	0.	0.	0.	0.	0.	0.
EVP, CFO	(ii)	179,383.	0.	0.	16,065.	15,833.	211,281.	0.
(5) MS. MARY ELLEN BURNS	(i)	0.	0.	0.	0.	0.	0.	0.
SVP, GRANT IMPLEMENTATION	(ii)	159,812.	0.	0.	15,131.	22,237.	197,180.	0.
(6) MS. LINDA GARZA	(i)	0.	0.	0.	0.	0.	0.	0.
SVP, CORPORATE CAMPAIGNS	(ii)	166,346.	0.	0.	15,134.	14,218.	195,698.	0.
(7) MS. LADY ROMANO	(i)	0.	0.	0.	0.	0.	0.	0.
SVP, COMMUNITY IMPACT	(ii)	140,339.	0.	0.	12,600.	17,028.	169,967.	0.
(8) MS. RHONDA DAHLKE	(i)	0.	0.	0.	0.	0.	0.	0.
VP, CORPORATE CAMPAIGNS & LEADRSHP E	(ii)	126,948.	0.	0.	11,703.	13,928.	152,579.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Tart in 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.
FORM 990, SCHEDULE J, PART I, LINE 3
THE COMPENSATION SALARY RANGE FOR THE PRESIDENT & CEO IS DETERMINED BY
AN OUTSIDE VOLUNTEER COMMITTEE COMPOSED OF HUMAN RESOURCE PROFESSIONALS
FROM A LOCAL MAJOR CORPORATION. THE VOLUNTEER COMMITTEE SECURES
COMPARABLE SALARY DATA FROM LOCAL AND NATIONAL SOURCES TO ESTABLISH THE
GRADE AND SALARY RANGE. THIS GRADE AND SALARY RANGE IS APPROVED
ANNUALLY BY THE PERSONNEL COMMITTEE AND SUBSEQUENTLY THE GOVERNING BODY
OF VOLUNTEERS. THIS PROCESS WAS LAST PERFORMED IN NOVEMBER 2020.
ALL COMPENSATION REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II
IS FROM THE RELATED ORGANIZATION.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LIVE UNITED.

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND

Employer identification number 81-2566792

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENDOWMENT AND LEGACY FUND TO BE USED FOR THE BENEFIT AND FURTHERANCE OF

THE STRATEGIC WORK OF UWSA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE ENDOWMENT AND LEGACY FUND'S ROLE IS TO SUPPORT UWSA IN STRATEGICALLY BRINGING TOGETHER THE TIME TALENT AND TREASURE OF THE PEOPLE OF OUR COMMUNITY TO ADDRESS COMPLEX SOCIAL ISSUES SO WE CAN ALL

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

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE WITH MANAGEMENT. UPON APPROVAL THE RETURN BY THE AUDIT COMMITTEE, IT IS PRESENTED TO THE BOARD BEFORE BEING FILED.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, A COVERED INDIVIDUAL MUST DISCLOSE THE EXISTENCE OF THE CONFLICT OF INTEREST TO THE CHAIR OF THE AUDIT COMMITTEE OF UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY. THE CHAIR OF THE AUDIT COMMITTEE SHALL REVIEW THE CIRCUMSTANCES SURROUNDING THE CONFLICT OF INTEREST AND SHALL MAKE A RECOMMENDATION TO THE EXECUTIVE COMMITTEE OF THE UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ABOUT HOW THE CONFLICT OF INTEREST SHOULD BE RESOLVED OR ADDRESSED. THE EXECUTIVE COMMITTEE SHALL CONSIDER THE CIRCUMSTANCES SURROUNDING THE CONFLICT OF INTEREST AND THE CHAIR OF THE AUDIT COMMITTEE'S RECOMMENDATION AND SHALL INSTRUCT THE FUND ON HOW TO RESOLVE OR ADDRESS THE CONFLICT OF INTEREST. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 11-20-20

· ·	TED WAY OF SAN ANTONIO AND BEXAR NTY ENDOWMENT AND LEGACY FUND	Employer identification number 81-2566792
FORM 990, PART VI	, SECTION C, LINE 18:	
UWSA ENDOWMENT AN	D LEGACY FUND FORM 990 IS AVAILABLE UPON	REQUEST AND IS
ALSO ON GUIDESTAR	WEBSITE.	
FORM 990, PART VI	, SECTION C, LINE 19:	
THE GOVERNING DOC	UMENTS, CONFLICT OF INTEREST POLICY, FINA	NCIAL STATMENTS,
AND FORM 990 ARE	AVAILABLE UPON REQUEST.	
FORM 990, PART VI	, SECTION B, LINE 13:	
THE ORGANIZATION	IS IN THE PROCESS OF ADOPTING AND IMPLEME	NTING A
WRITTEN WHISTLEBL	OWER POLICY DURING THE FISCAL YEAR ENDED	JUNE 30,
2021.		
FORM 990, PART VI	, SECTION B, LINE 14:	
THE ORGANIZATION	IS IN THE PROCESS OF ADOPTING AND IMPLEME	NTING A
WRITTEN DOCUMENT	RETENTION AND DESTRUCTION POLICY DURING T	HE FISCAL
YEAR ENDED JUNE 3	0, 2021.	
_		

SCHEDULE R (Form 990)

Part I

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.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Department of the Treasury Internal Revenue Service

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND

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

(b)

Primary activity

Employer identification number 81-2566792

(f)

Direct controlling

entity

Schedule R (Form 990) 2020

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)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?					
		ioreign eeumay,		501(c)(3))		Yes	No				
UNITED WAY OF SAN ANTONIO & BEXAR COUNTY -											
74-1272381, 700 SOUTH ALAMO, SAN ANTONIO, TX											
78205	SEE PART VII	TEXAS	501(C)(3)	LINE 7	N/A		X				

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

Schedule R (Form 990) 2020 COUNTY ENDOWMENT AND LEGACY FUND

032162 10-28-20

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.

organization treates as a partition of carried the tack years												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	nary activity Legal domicile (state or foreign foreig		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?	Percentage ownership	
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes	No	
			ı							•		

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		tion b)(13) rolled tity?
		country						Yes	No

1a

Yes No

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				<u>1b</u>		Α_					
c Gift, grant, or capital contribution from related organization(s)				. 1c		X					
d Loans or loan guarantees to or for related organization(s)				. 1d		X					
e Loans or loan guarantees by related organization(s)				. 1e		Х					
f Dividends from related organization(s)				1f		Х					
g Sale of assets to related organization(s)						Х					
						Х					
i Exchange of assets with related organization(s)						Х					
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х					
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
Performance of services or membership or fundraising solicitations for related organizations.						X					
m Performance of services or membership or fundraising solicitations by related organ					Х						
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
						Х					
p Reimbursement paid to related organization(s) for expenses											
q Reimbursement paid by related organization(s) for expenses											
r Other transfer of cash or property to related organization(s)											
s Other transfer of cash or property from related organization(s)				1s		X					
2 If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," in the above is "Yes," in the a	ho must complete th	nis line, including covered i	relationships and transaction thresholds.								
(a) Name of related organization											
1) UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	S	0.	FMV								
2)											
				_							
DJ											
1)											
D)											
5)											
2163 10-28-20	2.4		Schedu	ıle R (Forr	n 990)	2020					
	34										

Schedule R (Form 990) 2020

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000

Part VII S						ponses	s to q	_l uestio	ns on :	Schedu	ule R. S	See ins	tructions.						
FORM 990), so	CHEDU	JLE E	R ,	PAR'	T II	Ι,	LIN	E 1	, cc	LUM	N(B)):						
TO INCR	EASE	THE	ORGZ	ANI	ZED	CAE	PAC	ITY	OF	PEC	PLE	то	CARE	FOR	ONE	Αì	OTI	HER.	