

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 SOUTH ALAMO City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78205 F Name and address of principal officer: CHRISTOPHER MARTIN SAME AS C ABOVE	D Employer identification number 74-1272381 E Telephone number (210) 352-7000 G Gross receipts \$ 71,961,804. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWSATX.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1955 M State of legal domicile: TX

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY (UWSA) IS (SEE SCHEDULE O FOR CONTINUATION)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	114
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	114
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	111
	6	Total number of volunteers (estimate if necessary)	6	4166
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 41,021,334.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	490,873.	711,239.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,512,207.	63,219,295.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,907,797.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,970,704.	8,331,372.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,141,372.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,167,358.	2,318,446.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,045,859.	37,608,575.
	19	Revenue less expenses. Subtract line 18 from line 12	3,466,348.	25,610,720.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 46,131,386.	End of Year 74,846,616.
	21	Total liabilities (Part X, line 26)	13,118,778.	11,745,470.
	22	Net assets or fund balances. Subtract line 21 from line 20	33,012,608.	63,101,146.

Part II Signature Block

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

Sign Here	Signature of officer RYAN BOUBEL, CFO Type or print name and title	Date 		
Paid Preparer Use Only	Print/Type preparer's name JOSEPH A. HERNANDEZ	Preparer's signature JOSEPH A. HERNANDEZ	Date 04/15/22	Check <input type="checkbox"/> if self-employed PTIN P00950841
	Firm's name ▶ ADKF, P.C. Firm's address ▶ 8610 N. NEW BRAUNFELS, SUITE 101 SAN ANTONIO, TX 78217	Firm's EIN ▶ 74-2606559	Phone no. (210) 829-1300	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY (UWSA) IS TO UNITE THE COMMUNITY TO IDENTIFY AND SOLVE OUR MOST CRITICAL ISSUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 30,744,636. including grants of \$ 26,434,949.) (Revenue \$) COMMUNITY IMPACT - WE BELIEVE THAT EVERY MAN, WOMAN, AND CHILD DESERVE AN OPPORTUNITY FOR A GOOD LIFE. IN 2006, UWSA BEGAN WORK IN FOUR FOCUS AREAS. CURRENTLY, AND THROUGHOUT THE NEXT SEVERAL YEARS, WE ARE ALIGNING OUR FUNDING RECEIVED THROUGH THE ANNUAL CAMPAIGN AND GRANTS TO FOCUS MORE STRATEGICALLY IN THOSE FOUR AREAS. WE ARE UTILIZING A RESULTS BASED ACCOUNTABILITY (RBA) PROCESS TO CREATE, DEFINE, IMPLEMENT, AND REPORT ON RESULTS, INDICATORS, AND STRATEGIES ACROSS ALL OF OUR WORK AND INVESTMENTS.

SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ 1,570,320. including grants of \$) (Revenue \$) COMMUNITY SERVICES 2-1-1 TEXAS - INFORMATION AND REFERRAL (ALAMO AREA INFORMATION CENTER) GRANT: A FREE, CONFIDENTIAL HEALTH AND HUMAN SERVICES HOTLINE THAT HELPS PEOPLE FIND LOCAL INFORMATION AND RESOURCES. 2-1-1 TEXAS-ALAMO REGION IS ONE OF 24 AREA INFORMATION CENTERS IN TEXAS OPERATING 24/7/365, WITH BILINGUAL (SPANISH) CALL SPECIALISTS, AND SERVES BEXAR AND ELEVEN SURROUNDING COUNTIES. IN 2020, 2-1-1 HANDLED 286,845 CALLERS/WEBSITE VISITORS. TOP CALLER NEEDS INCLUDED UTILITY ASSISTANCE, FOOD INSECURITY, AND RENT ASSISTANCE.

SEE SCHEDULE O FOR CONTINUATION

4c (Code:) (Expenses \$ 993,587. including grants of \$ 523,808.) (Revenue \$) COMMUNITY ENGAGEMENT WOMEN UNITED (WU): THE WOMEN'S LEADERSHIP COUNCIL WAS CREATED IN 1999 AND LATER REBRANDED AS WOMEN UNITED. WU MEMBERS ENGAGE IN THE WORK ON UWSA BY VOLUNTEERING, PARTICIPATING IN WU EVENTS, SEMINARS, DISCUSSIONS ON WOMEN'S HEALTH AND COMMUNITY ISSUES. IN FY21, WU HAD OVER 4,000 MEMBERS. WU SIGNATURE CAUSE, THE UNITED WAY CHILDCARE SCHOLARSHIP PROGRAM, ENABLES PARENTS AND CHILDREN TO FURTHER THEIR EDUCATION AND ULTIMATELY REDUCE THE CYCLE OF POVERTY. IN FY21, WU AWARDED AND FUNDED 56 SCHOLARSHIPS AND PROVIDED QUALITY CHILDCARE FOR THEIR 76 CHILDREN. NINETEEN SCHOLARS GRADUATED WITH EITHER AN ASSOCIATE DEGREE OR BACHELOR'S DEGREE OR COMPLETED A JOB TRAINING PROGRAM.

SEE SCHEDULE O FOR CONTINUATION

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 33,308,543.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 111		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	114	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	114	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **RYAN BOUBEL - (210) 352-7009**
700 SOUTH ALAMO, SAN ANTONIO, TX 78205

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. LYNDON HERRIDGE VICE CHAIR	10.00 10.00			X				421,828.	0.	32,959.
(2) MR. CHRISTOPHER MARTIN PRESIDENT & CEO	50.00 5.00			X				321,279.	0.	49,193.
(3) MR. GLENN LUCADOU CHIEF DEVELOPMENT OFFICER	35.00 5.00			X				181,862.	0.	38,124.
(4) MR. EDWARD H. GUERRA EVP, CFO	29.00 1.00			X				179,383.	0.	31,898.
(5) MS. MARY ELLEN BURNS SVP, GRANT IMPLEMENTATION	40.00 0.00					X		159,812.	0.	37,368.
(6) MS. LINDA GARZA SVP, CORPORATE CAMPAIGNS	40.00 0.00					X		166,346.	0.	29,352.
(7) MS. LADY ROMANO SVP, COMMUNITY IMPACT	40.00 0.00					X		140,339.	0.	29,628.
(8) MS. RHONDA DAHLKE VP, CORPORATE CAMPAIGNS & LEADRSHP E	40.00 0.00					X		126,948.	0.	25,631.
(9) MR. ANDREW SASSEVILLE SVP, ACCOUNTABILITY AND COMMUNITY SE	40.00 0.00					X		131,947.	0.	13,445.
(10) MS. KIMBERLY S. LUBEL EXEC COMM CHAIRPERSON	2.00 2.00	X		X				0.	0.	0.
(11) MR. MICHAEL S. CISKOWSKI EXEC COMM PAST CHAIR	2.00 0.00	X		X				0.	0.	0.
(12) MR. L. HERBERT STUMBERG JR. EXEC COMM SECRETARY	2.00 0.00	X		X				0.	0.	0.
(13) MR. R. RENE ESCOBEDO EXEC COMM TREASURER	2.00 0.00	X		X				0.	0.	0.
(14) MR. CHARLES E. AMATO EXEC COMM ENDOWMENT CHAIR	2.00 2.00	X		X				0.	0.	0.
(15) MS. MARY ROSE BROWN EXEC COMM MARKETING CHAIR	2.00 0.00	X		X				0.	0.	0.
(16) MS. DONNA M. TITZMAN EXEC COMM PERSONNEL CHAIR	2.00 0.00	X		X				0.	0.	0.
(17) MS. LISA A. FRIEL EXEC COMM AUDIT CHAIR	2.00 2.00	X		X				0.	0.	0.

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. BRADLEY C. BARRON EXEC COMM CAMPAIGN CHAIR	2.00 0.00	X		X				0.	0.	0.
(19) MS. PEGGY WALKER EXEC COMM NOMINATING CHAIR	2.00 0.00	X		X				0.	0.	0.
(20) MR. JONATHAN GURWITZ EC PRTRNS FOR CMNTY CHANGE (PCC) CHA	2.00 0.00	X		X				0.	0.	0.
(21) MR. KEVIN L. MATULA EC EMERG LEADERS CHR(1/1/21-6/30/21)	2.00 0.00	X		X				0.	0.	0.
(22) MS. DEBORAH GRAY MARINO EXEC COMM WOMEN UNITED CHAIR	2.00 0.00	X		X				0.	0.	0.
(23) MS. LAURA J. VACCARO EXEC COMM COMMUNITY SERVICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(24) MS. VICTORIA M. GARCIA EXEC COMM STRATEGIC PLANNING CHAIR	2.00 0.00	X		X				0.	0.	0.
(25) MR. CARLOS E. ALVAREZ EXEC COMM MBR AT LRG	2.00 2.00	X						0.	0.	0.
(26) MS. APRIL ANCIRA EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
1b Subtotal								1,829,744.	0.	287,598.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,829,744.	0.	287,598.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY

Form 990

74-1272381

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DANNY J. ANDERSON, PH.D. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(28) MICHAEL ARAMBULA, M.D., PHARM. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(29) MR. KEVIN BLESSING EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(30) MR. DAVID BOHNE EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(31) MS. LINDA CHAVEZ-THOMPSON EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(32) MR. TOM CUMMINS EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(33) MR. PHILLIP D. GREEN EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(34) MR. ADAM L. HAMILTON, P.E. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(35) MR. PETER J. HOLT EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(36) MS. KATHY MAYS JOHNSON EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(37) REV. KENNETH R. KEMP, M.D. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(38) MR. CLAYTON E. KILLINGER EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(39) MR. THOMAS M. MENGLER EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(40) MR. HARVEY E. NAJIM EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(41) MR. PHILIP J. PFEIFFER EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(42) GEN EDWARD RICE, JR., USAF(RET) EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(43) MR. GILBERT F. VAZQUEZ EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(44) MS. MARIA D. VILLAGOMEZ EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(45) MR. CURT ANASTASIO MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(46) MR. ERNESTO ANCIRA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY

Form 990

74-1272381

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MR. JOSE A. ATKINSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(48) MR. J. DAN BATES MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(49) MR. MICHAEL J. BELZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(50) MS. RHONDA K. CALVERT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(51) MR. RICK CAVENDER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(52) MS. STEPHANIE CHANDLER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(53) MR. FULLY CLINGMAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(54) MR. DERRICK CRAVER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(55) MR. TED DAY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(56) MS. COLLEEN DEAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(57) MS. YOLANDA DE LEON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(58) T. TAYLOR EIGHMY, PH.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(59) MR. RUBEN M. ESCOBEDO, CPA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(60) MR. CHRISTOPHER EUGSTER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(61) MR. DICK EVANS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(62) THOMAS M. EVANS, PH.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(63) MS. MARY FINGER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(64) MS. PATTY FLANDERS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(65) MIKE FLORES, PH.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(66) MR. PATRICK B. FROST MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

UNITED WAY OF SAN ANTONIO AND BEXAR
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Form 990

74-1272381

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) MR. CARLOS T. GARCIA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(68) MR. RICHARD E. GOLDSMITH MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(69) MR. JOE GORDER MEMBER-AT-LARGE (7/1/2020 - 12/31/20)	2.00 0.00	X						0.	0.	0.
(70) MR. JAMES D. GOUDGE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(71) MS. SUZANNE GOUDGE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(72) MR. WILLIAM E. GREEHEY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(73) MR. ROGER HEMMINGHAUS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(74) MR. MIKE HERNANDEZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(75) MR. CASEY HEVERLING MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(76) MR. WILLIAM HILEMAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(77) MR. JIMMY HOLMES MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(78) MR. PETER M. HOLT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(79) MR. MIKE HOWARD MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(80) GEN. ANDREW P. IOSUE, USAF(RET) MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(81) MS. JELYNNE LEBLANC BURLEY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(82) MR. MARK M. JOHNSON MEMBER-AT-LARGE	2.00 2.00	X						0.	0.	0.
(83) MS. ABIGAIL KAMPMANN MEMBER-AT-LARGE (7/1/2020 - 12/31/20)	2.00 0.00	X						0.	0.	0.
(84) MR. BILL "CLARK" KENT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(85) MR. MICHAEL KIOLBASSA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(86) MR. WILLIAM R. KLESSE MEMBER-AT-LARGE	2.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

UNITED WAY OF SAN ANTONIO AND BEXAR
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Form 990

74-1272381

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) MR. BART C. KOONTZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(88) MR. LEONARD E. LAWRENCE, M.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(89) MR. CHARLES D. LUTZ III MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(90) MR. BOB MARBUT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(91) MR. PEDRO MARTINEZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(92) MR. L. LOWRY MAYS MEMBER-AT-LARGE	2.00 2.00	X						0.	0.	0.
(93) MR. RED MCCOMBS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(94) MR. JOSEPH S. MCLAUHLAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(95) MR. JOE MERTENS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(96) MR. JOHN K. MEYER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(97) MR. MARCUS MLCAK MEMBER-AT-LARGE (1/1/21-6/30/21)	2.00 0.00	X						0.	0.	0.
(98) MR. WILLIAM G. MOLL MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(99) MR. BOBBY OLVEDA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(100) MS. JUDY PEACE MEMBER-AT-LARGE (7/1/2020 - 12/31/20)	2.00 0.00	X						0.	0.	0.
(101) MR. RICHARD PEREZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(102) MR. JIM PERSCHBACH MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(103) MS. BRANDY RALTSO-N-LINT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(104) MR. JAMES R. REED MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(105) MS. KATIE REYNOLDS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(106) MS. CARI BREAKIE RICHARDSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

UNITED WAY OF SAN ANTONIO AND BEXAR
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Form 990

74-1272381

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) MR. ANTHONY "TODD" ROBERTSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(108) MR. BRADLEY ROLLINS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(109) MG DAVID A. RUBENSTEIN, USA(RE) MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(110) MS. JENNA SAUCEDO-HERRERA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(111) MR. RICHARD T. SCHOLSBERG III MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(112) MR. GEORGE W. SCOFIELD MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(113) MR. BEN SCOTT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(114) MR. LIONEL SOSA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(115) THE HON. JOHN J. SPECIA, JR. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(116) CHAP MG HOWARD D. STENDAHL, US MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(117) MR. MATTHEW M. STONE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(118) CYNTHIA TENIENTE-MATSON, ED. D MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(119) MR. JARED THOMPSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(120) MR. PAUL D. THORNTON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(121) MR. JAMES M. TRUSS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(122) MS. SUZANNE WADE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(123) MR. W. LAWRENCE WALKER, JR. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(124) MR. FLOYD WILSON JR. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(125) BRIAN T. WOODS, PH.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(126) MR. JOHN B. ZACHRY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,175,778.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	56,332,278.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		62,508,056.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		538,156.		538,156.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				8,915,592.			
	b	Less: cost or other basis and sales expenses	7b	8,742,509.			
	c	Gain or (loss)	7c	173,083.			
d	Net gain or (loss)		173,083.		173,083.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		63,219,295.	0.	0.	711,239.	

**UNITED WAY OF SAN ANTONIO AND BEXAR
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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,958,757.	26,958,757.		
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	1,507,304.	829,558.	155,461.	522,285.
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	5,063,262.	3,206,373.	331,525.	1,525,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	310,630.	140,163.	51,057.	119,410.
9 Other employee benefits	1,021,077.	620,093.	155,531.	245,453.
10 Payroll taxes	429,099.	228,279.	64,963.	135,857.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,000.		8,000.	
c Accounting	51,100.	20,500.	30,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	101,736.		101,736.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	62,432.	29,092.	33,340.	
12 Advertising and promotion	73,358.	68,168.	803.	4,387.
13 Office expenses	61,614.	21,928.	17,219.	22,467.
14 Information technology	274,098.	189,354.	40,160.	44,584.
15 Royalties				
16 Occupancy	196,212.	125,220.	34,586.	36,406.
17 Travel	8,827.	1,006.	4,348.	3,473.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,688.	37,790.	5,694.	4,204.
20 Interest				
21 Payments to affiliates	929,384.	464,692.	46,469.	418,223.
22 Depreciation, depletion, and amortization	147,204.	89,794.	27,969.	29,441.
23 Insurance	49,624.	17,970.	25,763.	5,891.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	183,068.	183,068.		
b MISCELLANEOUS	114,154.	73,822.	21,993.	18,339.
c WORKERS' COMPENSATION	5,824.	2,916.	1,443.	1,465.
d CAMPAIGN EXPENSES	4,123.			4,123.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,608,575.	33,308,543.	1,158,660.	3,141,372.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	250.	1	250.
	2	Savings and temporary cash investments	8,210,817.	2	12,272,883.
	3	Pledges and grants receivable, net	12,538,859.	3	11,765,468.
	4	Accounts receivable, net	434,898.	4	237,209.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	119,591.	9	179,172.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,629,465.		
	b	Less: accumulated depreciation	10b 2,449,281.	10c	1,180,184.
	11	Investments - publicly traded securities	21,819,811.	11	46,995,526.
	12	Investments - other securities. See Part IV, line 11	1,864,733.	12	2,215,924.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	46,131,386.	16	74,846,616.	
Liabilities	17	Accounts payable and accrued expenses	3,537,854.	17	3,135,029.
	18	Grants payable	8,116,294.	18	8,610,441.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,464,630.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	13,118,778.	26	11,745,470.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,308,254.	27	34,590,887.
	28	Net assets with donor restrictions	27,704,354.	28	28,510,259.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	33,012,608.	32	63,101,146.
	33	Total liabilities and net assets/fund balances	46,131,386.	33	74,846,616.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,219,295.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,608,575.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,610,720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,012,608.
5	Net unrealized gains (losses) on investments	5	4,477,818.
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	63,101,146.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42769992.	42347884.	38689388.	41021334.	62508056.	227336654
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	42769992.	42347884.	38689388.	41021334.	62508056.	227336654
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)						24183286.
6 Public support. Subtract line 5 from line 4.						203153368

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	42769992.	42347884.	38689388.	41021334.	62508056.	227336654
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	372,999.	381,980.	469,554.	491,705.	538,156.	2254394.
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						229591048
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	88.48 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.54 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - 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		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, 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		
e	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

74-1272381 Page 8

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY

Employer identification number

74-1272381

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES</u> <u>701 W. 51ST STREET</u> <u>AUSTIN, TX 78751</u>	\$ <u>3,625,767.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>NATIONAL PHILANTHROPIC TRUST</u> <u>165 TOWNSHIP LINE ROAD, SUITE 200</u> <u>JENKINTOWN, PA 19046</u>	\$ <u>20,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>VALERO ENERGY FOUNDATION</u> <u>1 VALERO WAY</u> <u>SAN ANTONIO, TX 78249</u>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>USAA FOUNDATION</u> <u>9800 FREDERICKSBURG ROAD</u> <u>SAN ANTONIO, TX 78288</u>	\$ <u>1,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY Employer identification number 74-1272381

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,456,648.	11,982,359.	11,316,415.	9,441,155.	5,114,980.
b Contributions		3,000.	5,847.	1,465,000.	3,917,500.
c Net investment earnings, gains, and losses	2,836,057.	471,289.	660,097.	410,260.	408,675.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	15,292,705.	12,456,648.	11,982,359.	11,316,415.	9,441,155.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		610,693.		610,693.
b Buildings		1,968,250.	1,797,467.	170,783.
c Leasehold improvements				
d Equipment		1,050,522.	651,814.	398,708.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,180,184.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	58,992,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,477,818.
b	Donated services and use of facilities	2b	482,956.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,960,774.
3	Subtract line 2e from line 1	3	54,032,017.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,738.
b	Other (Describe in Part XIII.)	4b	9,085,540.
c	Add lines 4a and 4b	4c	9,187,278.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	63,219,295.

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

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

1	Total expenses and losses per audited financial statements	1	28,904,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	482,956.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	482,956.
3	Subtract line 2e from line 1	3	28,421,297.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,738.
b	Other (Describe in Part XIII.)	4b	9,085,540.
c	Add lines 4a and 4b	4c	9,187,278.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	37,608,575.

Part XIII Supplemental Information.

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

PART 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 JURISDICTIONS THAT THE ORGANIZATION IS SUBJECT TO, AND THESE PERIODS HAVE

Part XIII Supplemental Information (continued)

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.

FORM 990, SCHEDULE D, PART XI, LINE 4B:

DONOR DESIGNATIONS 9,085,540

FORM 990, SCHEDULE D, PART XII, LINE 4B:

DONOR DESIGNATIONS 9,085,540

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY** Employer identification number **74-1272381**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALAMO AREA RAPE CRISIS CENTER 4606 CENTERVIEW, SUITE 200 SAN ANTONIO, TX 78228	74-2236387	501(C)3	334,293.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO COLLEGES - SAN ANTONIO COLLEGE EARLY CHILDHOOD CENTER - 210 W. ASHBY, 2ND FLOOR - SAN ANTONIO, TX 78212	74-2439927	GOVT	29,240.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO COLLEGES FOUNDATION 2222 N. ALAMO ST. SAN ANTONIO, TX 78215	74-2422589	501(C)3	152,102.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL (KLRN) - 501 BROADWAY ST - SAN ANTONIO, TX 78215	74-2461534	501(C)3	161,138.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALPHA HOME, INC. 419 E. MAGNOLIA AVE. SAN ANTONIO, TX 78212	74-1668144	501(C)3	116,871.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN HEART ASSOCIATION, S.A. DIVISION - 8415 WURZBACH RD. - SAN ANTONIO, TX 78229	13-5613797	501(C)3	146,850.	0.			RESTRICTED TO SPECIFIC PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **134.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **1.**

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

Schedule I (Form 990) 2020

**UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY**

Schedule I (Form 990)

74-1272381

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIANS IN TEXAS-AT THE SPANISH COLONIAL MISSIONS - 1313 GUADALUPE ST., STE 204 - SAN ANTONIO, TX 78207	74-2717029	501(C)3	81,250.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN NATIONAL RED CROSS - S.A. AREA CHAPTER - 3642 EAST HOUSTON ST. - SAN ANTONIO, TX 78219	53-0196605	501(C)3	198,944.	0.			RESTRICTED TO SPECIFIC PROGRAM
ANY BABY CAN OF SAN ANTONIO 217 HOWARD ST. SAN ANTONIO, TX 78212	74-2684333	501(C)3	417,464.	0.			RESTRICTED TO SPECIFIC PROGRAM
ASCENSION DEPAUL SERVICES 7607 SOMERSET RD. SAN ANTONIO, TX 78211	74-6106876	501(C)3	76,290.	0.			RESTRICTED TO SPECIFIC PROGRAM
AUSTISM SERVICE CENTER OF SAN ANTONIO - 4242 WOODCOCK DR #101 - SAN ANTONIO, TX 78228	26-2592058	501(C)3	207,779.	0.			RESTRICTED TO SPECIFIC PROGRAM
AVANCE INC. 903 BILLY MITCHELL BLVD, SUITE 100 SAN ANTONIO, TX 78226	74-1769114	501(C)3	522,615.	0.			RESTRICTED TO SPECIFIC PROGRAM
BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE - 2300 W. COMMERCE ST., SUITE 201 - SAN ANTONIO, TX 78207	74-2953076	501(C)3	400,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS - 10843 GULFDAL DR. - SAN ANTONIO, TX 78216	74-1897630	501(C)3	336,129.	0.			RESTRICTED TO SPECIFIC PROGRAM
BLESSED SACRAMENT ACADEMY CHILD DEVELOPMENT CENTER - 1135 MISSION ROAD - SAN ANTONIO, TX 78210	74-1369411	501(C)3	126,660.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY

Schedule I (Form 990)

74-1272381

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOKS AND BIBS CHILDCARE CENTER 3136 E. COMMERCE SAN ANTONIO, TX 78220			16,970.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOY SCOUTS OF AMERICA, ALAMO AREA COUNCIL - 2226 N W MILITARY HWY. - SAN ANTONIO, TX 78213	74-6079583	501(C)3	12,022.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYS & GIRLS CLUBS OF SAN ANTONIO TEXAS - 123 RALPH AVE. - SAN ANTONIO, TX 78204	74-1109637	501(C)3	250,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYSVILLE, INC. 8555 E. LOOP 1604 NORTH CONVERSE, TX 78109	74-1207553	501(C)3	208,097.	0.			RESTRICTED TO SPECIFIC PROGRAM
BRIGHT HORIZONS - SAN ANTONIO LOCATION - 200 TALCOTT AVENUE - SOUTH WATERTOWN, MA 02472	80-0188269		7,020.	0.			RESTRICTED TO SPECIFIC PROGRAM
BRIGHTON CENTER 14207 HIGGINS RD. SAN ANTONIO, TX 78217	74-2331826	501(C)3	208,488.	0.			RESTRICTED TO SPECIFIC PROGRAM
CATHOLIC CHARITIES, ARCHDIOCESE OF SAN ANTONIO, INC. - 202 W. FRENCH PL. - SAN ANTONIO, TX 78212	74-1109743	501(C)3	1,478,743.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILD ADVOCATES SAN ANTONIO 1956 S. WW WHITE ROAD SAN ANTONIO, TX 78222	74-2494625	501(C)3	153,387.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)3	53,865.	0.			RESTRICTED TO SPECIFIC PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS - 205 W. OLMOS DR. - SAN ANTONIO, TX 78212	74-2828178	501(C)3	128,773.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S SHELTER, THE 2939 W WOODLAWN SAN ANTONIO, TX 78228	74-1109660	501(C)3	793,970.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDSAFE 3730 IH 10 E SAN ANTONIO, TX 78220	74-2633697	501(C)3	492,280.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTIAN ASSISTANCE MINISTRY 110 MCCULLOUGH AVE. SAN ANTONIO, TX 78215	74-1947967	501(C)3	157,242.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION - 333 N. SANTA ROSA ST. - SAN ANTONIO, TX 78207	74-1109665	501(C)3	161,454.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRYSALIS MINISTRIES, INC. 509 SAN PEDRO SAN ANTONIO, TX 78212	74-1914047	501(C)3	202,440.	0.			RESTRICTED TO SPECIFIC PROGRAM
CITY YEAR - SAN ANTONIO LOCATION 287 COLUMBUS AVE. BOSTON, MA 02116	22-2882549	501(C)3	175,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229	74-1153067	501(C)3	339,493.	0.			RESTRICTED TO SPECIFIC PROGRAM
COLONIAL HILLS UNITED METHODIST 5247 VANCE JACKSON SAN ANTONIO, TX 78230	74-2610528	501(C)3	6,647.	0.			RESTRICTED TO SPECIFIC PROGRAM

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COMMUNITIES-IN-SCHOOLS OF SAN ANTONIO - 1616 E COMMERCE, BLDG 1 - SAN ANTONIO, TX 78205	74-2393714	501(C)3	556,334.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITY INFORMATION NOW C/O UTSPH 7411 JOHN SMITH DR., STE SAN ANTONIO, TX 78229	81-5286030	501(C)3	50,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER 14966 SPRING FARM SAN ANTONIO, TX 78247	74-2722253		8,827.	0.			RESTRICTED TO SPECIFIC PROGRAM
CROSSPOINT, INC. 301 YUCCA ST. SAN ANTONIO, TX 78203	74-6058916	501(C)3	15,290.	0.			RESTRICTED TO SPECIFIC PROGRAM
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DR. HOUSTON, TX 77007	76-0318867	501(C)3	254,100.	0.			RESTRICTED TO SPECIFIC PROGRAM
EDUCATION INVESTMENT FOUNDATION PO BOX 1300 SAN ANTONIO, TX 78295	74-2623222	501(C)3	23,823.	0.			RESTRICTED TO SPECIFIC PROGRAM
EL CENTRO DEL BARRIO, INC. 3750 COMMERCIAL AVE. SAN ANTONIO, TX 78221	74-1787031	501(C)3	10,005.	0.			RESTRICTED TO SPECIFIC PROGRAM
ELLA AUSTIN COMMUNITY CENTER 1023 N. PINE ST. SAN ANTONIO, TX 78202	74-1166908	501(C)3	168,072.	0.			RESTRICTED TO SPECIFIC PROGRAM
EMPOWER HOUSE (FORMERLY MARTINEZ STREET WOMEN'S CENTER) - 801 N. OLIVE ST - SAN ANTONIO, TX 78202	74-2934053	501(C)3	213,274.	0.			RESTRICTED TO SPECIFIC PROGRAM

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ENDEAVORS, INC. 6363 DE ZAVALA RD. SAN ANTONIO, TX 78249	23-7223078	501(C)3	241,425.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO - SAN ANTONIO, TX 78212	74-1117341	501(C)3	2,500,686.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY VIOLENCE PREVENTION SERVICES, INC. - 7911 BROADWAY - SAN ANTONIO, TX 78209	74-1994151	501(C)3	839,115.	0.			RESTRICTED TO SPECIFIC PROGRAM
FARMERS ASSISTING RETURNING MILITARY - PO BOX 763729 - DALLAS, TX 75376	46-4740273	501(C)3	6,946.	0.			RESTRICTED TO SPECIFIC PROGRAM
FONDOS UNIDOS DE PUERTO RICO, INC. PO BOX 191914 SAN JUAN, PR 00919	66-0269222	501(C)3	9,150.	0.			RESTRICTED TO SPECIFIC PROGRAM
FOOTHILLS UNITED WAY, INC. 1285 CIMARRON DR., STE 101 LAFAYETTE, CO 80026	84-6042598	501(C)3	10,906.	0.			RESTRICTED TO SPECIFIC PROGRAM
G.R.A.S.P. (GREATER RANDOLPH AREA SERVICE PROGRAMS) - 250 DONALAN DR. - CONVERSE, TX 78109	74-2353686	501(C)3	121,229.	0.			RESTRICTED TO SPECIFIC PROGRAM
GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP SAN ANTONIO, TX 78216	74-1109759	501(C)3	77,179.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOOD SAMARITAN COMMUNITY SERVICES 1600 SALTILLO SAN ANTONIO, TX 78207	74-1117340	501(C)3	602,160.	0.			RESTRICTED TO SPECIFIC PROGRAM

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GOODWILL INDUSTRIES OF SAN ANTONIO 406 W COMMERCE SAN ANTONIO, TX 78207	74-1238444	501(C)3	835,074.	0.			RESTRICTED TO SPECIFIC PROGRAM
GREATER LONGVIEW UNITED WAY, INC. 310 S. FREDONIA ST SAN ANTONIO, TX 75601	75-0998908	501(C)3	10,926.	0.			RESTRICTED TO SPECIFIC PROGRAM
GUADALUPE COUNTY UNITED WAY, INC. PO BOX 805 SEGUIN, TX 78156	74-2738713	501(C)3	45,236.	0.			RESTRICTED TO SPECIFIC PROGRAM
GUARDIAN HOUSE 1818 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2780384	501(C)3	78,165.	0.			RESTRICTED TO SPECIFIC PROGRAM
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	20-8075412	501(C)3	1,418,782.	0.			RESTRICTED TO SPECIFIC PROGRAM
HEALY-MURPHY CENTER, INC. 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)3	391,405.	0.			RESTRICTED TO SPECIFIC PROGRAM
HOPE LUTHERAN DAY CARE CENTER 5714 CALLAGHAN RD SAN ANTONIO, TX 78228	74-1931213	501(C)3	7,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
JBSA FORT SAM HOUSTON YOUTH SERVICES - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	150,246.	0.			RESTRICTED TO SPECIFIC PROGRAM
JBSA LACKLAND AFB BOYS & GIRLS CLUB - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	75,502.	0.			RESTRICTED TO SPECIFIC PROGRAM

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JBSA RANDOLPH AFB YOUTH ACTIVITIES 2380 STANLEY ROAD, BLDG 124 JBSA FT. SAM HOUSTON, TX 78224		GOVT	75,428.	0.			RESTRICTED TO SPECIFIC PROGRAM
JEFFERSON AREA COMMUNITY OUTREACH FOR OLDER PEOPLE - 2201 ST. CLOUD - SAN ANTONIO, TX 78228	74-2345987	501(C)3	11,739.	0.			RESTRICTED TO SPECIFIC PROGRAM
JEWISH FAMILY SERVICE OF SAN ANTONIO TEXAS, INC. - 12500 NW MILITARY HWY #250 - SAN ANTONIO, TX 78231	74-1759254	501(C)3	6,794.	0.			RESTRICTED TO SPECIFIC PROGRAM
KERR COUNTY UNITED WAY PO BOX 290561 KERRVILLE, TX 78029	74-1475945	501(C)3	14,401.	0.			RESTRICTED TO SPECIFIC PROGRAM
LORD OF LIFE LUTHERAN CENTER FOR CHILD DEVELOPMENT - 5955 FM 78 - SAN ANTONIO, TX 78244	74-6185612	501(C)3	6,490.	0.			RESTRICTED TO SPECIFIC PROGRAM
MADONNA CENTER, INC. 1906 CASTROVILLE SAN ANTONIO, TX 78237	74-1143119	501(C)3	195,166.	0.			RESTRICTED TO SPECIFIC PROGRAM
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)3	221,873.	0.			RESTRICTED TO SPECIFIC PROGRAM
METRO UNITED WAY, INC. PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C)3	35,605.	0.			RESTRICTED TO SPECIFIC PROGRAM
MILE HIGH UNITED WAY, INC. 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)3	9,734.	0.			RESTRICTED TO SPECIFIC PROGRAM

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MILLER CHILD DEVELOPMENT CENTER 102 S MEL WAITERS WAY SAN ANTONIO, TX 78203	74-6156076	501(C)3	12,271.	0.			RESTRICTED TO SPECIFIC PROGRAM
MISSION ROAD MINISTRIES 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-2958552	501(C)3	309,149.	0.			RESTRICTED TO SPECIFIC PROGRAM
NORTHEAST SENIOR ASSISTANCE (NESA) 2903 NACOGDOCHES RD. SAN ANTONIO, TX 78217	74-2405293	501(C)3	12,867.	0.			RESTRICTED TO SPECIFIC PROGRAM
ORANGE COUNTY UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614	33-0047994	501(C)3	5,207.	0.			RESTRICTED TO SPECIFIC PROGRAM
PRESA COMMUNITY SERVICE CENTER 3721 S. PRESA STREET SAN ANTONIO, TX 78210	74-1902249	501(C)3	204,456.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESPITE CARE OF SAN ANTONIO INCORPORATED - PO BOX 12633 - SAN ANTONIO, TX 78212	74-2467770	501(C)3	159,817.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESTORE EDUCATION PO BOX 692338 SAN ANTONIO, TX 78269	26-2966263	501(C)3	447,791.	0.			RESTRICTED TO SPECIFIC PROGRAM
RIDE CONNECT TEXAS (FORMERLY SWOOP) - 517 SW MILITAR DR. - SAN ANTONIO, TX 78221	45-5521039	501(C)3	9,884.	0.			RESTRICTED TO SPECIFIC PROGRAM
RISE RECOVERY 10226 IRONSIDE DR SAN ANTONIO, TX 78230	74-2216041	501(C)3	422,983.	0.			RESTRICTED TO SPECIFIC PROGRAM

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ROY MASS' YOUTH ALTERNATIVES, INC. 3103 WEST AVE. SAN ANTONIO, TX 78213	74-1914638	501(C)3	295,753.	0.			RESTRICTED TO SPECIFIC PROGRAM
ROZELLE EDUCATIONAL GROUP 623 S. WW WHITE ROAD SAN ANTONIO, TX 78220	26-4289113		12,115.	0.			RESTRICTED TO SPECIFIC PROGRAM
SA CHRISTIAN HOPE RESOURCE CENTER PO BOX 780904 SAN ANTONIO, TX 78278	74-2989365	501(C)3	112,500.	0.			RESTRICTED TO SPECIFIC PROGRAM
SA YOUTH 1215 W POPLAR ST. SAN ANTONIO, TX 78207	74-2333088	501(C)3	13,510.	0.			RESTRICTED TO SPECIFIC PROGRAM
SALVATION ARMY NATIONAL CORP. - SAN ANTONIO LOCATION - 521 W. ELMIRA ST - SAN ANTONIO, TX 78212	22-2406433	501(C)3	579,375.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET SAN ANTONIO, TX 78208	74-2427853	501(C)3	56,482.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS - 7500 HWY 90, STE 201 - SAN ANTONIO, TX 78227	74-1340188	501(C)3	21,703.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO FOOD BANK, INC. 5200 ENRIQUE M. BARRERA PARKWAY SAN ANTONIO, TX 78227	74-2122979	501(C)3	952,908.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO GROWTH FOR THE EASTSIDE - 220 CHESTNUT ST. - SAN ANTONIO, TX 78202	74-2876270	501(C)3	9,605.	0.			RESTRICTED TO SPECIFIC PROGRAM

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SAN ANTONIO HOUSING AUTHORITY 818 S. FLORES SAN ANTONIO, TX 78204	74-6002070	GOVT	48,294.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO LEGAL SERVICES ASSOCIATION - PO BOX 12404 - SAN ANTONIO, TX 78212	32-0092986	501(C)3	10,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO LIFETIME RECOVERY, INC. - 10290 SOUTHTON ROAD - SAN ANTONIO, TX 78223	74-1540097	501(C)3	165,378.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO METROPOLITAN MINISTRY, INC. - 1919 NW LOOP 410, STE 100 - SAN ANTONIO, TX 78213	74-2285793	501(C)3	133,277.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO PUBLIC LIBRARY FOUNDATION - 625 SHOOK AVENUE - SAN ANTONIO, TX 78212	74-2283582	501(C)3	43,015.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 78283	74-2471362	501(C)3	24,880.	0.			RESTRICTED TO SPECIFIC PROGRAM
SETON HOME (UNITED STATES CATHOLIC CONFERENCE) - 1115 MISSION ROAD - SAN ANTONIO, TX 78210	74-2247996	501(C)3	147,802.	0.			RESTRICTED TO SPECIFIC PROGRAM
SILVER AND BLACK GIVE BACK 1 AT&T CENTER SAN ANTONIO, TX 78219	74-2509544	501(C)3	16,461.	0.			RESTRICTED TO SPECIFIC PROGRAM
ST. PAUL LUTHERAN CHILD DEVELOPMENT CENTER - 2302 S. PRESA ST - SAN ANTONIO, TX 78210	74-2219636	501(C)3	405,794.	0.			RESTRICTED TO SPECIFIC PROGRAM

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ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)3	180,781.	0.			RESTRICTED TO SPECIFIC PROGRAM
TEXAS DIAPER BANK 1803 GRANDSTAND DR., STE 150 SAN ANTONIO, TX 78238	74-2886380	501(C)3	46,957.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE ARC OF SAN ANTONIO, INC. 13430 WEST AVE. SAN ANTONIO, TX 78216	74-1200110	501(C)3	59,244.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE CENTER FOR HEALTH CARE SERVICES - 6800 PARK TEN BLVD., SUITE 200-S - SAN ANTONIO, TX 78213	74-1590659	GOVT	228,057.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE FAMILY PLACE PO BOX 7999 DALLAS, TX 78205	75-1590896	501(C)3	5,616.	0.			RESTRICTED TO SPECIFIC PROGRAM
ONE HUNDRED CLUB OF SAN ANTONIO PO BOX 6741 SAN ANTONIO, TX 78209	23-7292314	501(C)3	5,389.	0.			RESTRICTED TO SPECIFIC PROGRAM
THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DR., SUITE 4078 SAN ANTONIO, TX 78229	26-0371270	501(C)3	65,234.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED SERVICE ORGANIZATIONS, INC. - SAN ANTONIO LOCATION - 420 E. COMMERCE ST. - SAN ANTONIO, TX 78205	13-1610451	501(C)3	120,076.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY FOR GREATER AUSTIN 2000 E MLK JR. BLVD AUSTIN, TX 78702	74-1193439	501(C)3	49,448.	0.			RESTRICTED TO SPECIFIC PROGRAM

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UNITED WAY OF CENTRAL GEORGIA, INC. - PO BOX 1302 - MACRON, GA 31202	58-0639811	501(C)3	11,169.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVD STE 340 BALTIMORE, MD 21230	52-0591543	501(C)3	7,869.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF COASTAL BEND, INC. 4659 EVERHART ROAD CORPUS CHRISTI, TX 78411	74-1207552	501(C)3	21,258.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF COMAL COUNTY 468 S. SEGUIN AVE. STE 403 NEW BRAUNFELS, TX 78130	74-2640723	501(C)3	221,718.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LN DENTON, TX 76205	75-1251128	501(C)3	15,798.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER ATLANTA 40 COURTLAND ST., N.E., SUITE 300 ATLANTA, GA 30303	58-0566194	501(C)3	46,498.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER HIGH POINT 815 PHILLIPS AVENUE HIGH POINT, NC 27262	56-0547486	501(C)3	22,260.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR. HOUSTON, TX 77007	74-1167964	501(C)3	70,776.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF HAYS COUNTY PO BOX 1728 SAN MARCOS, TX 78667	74-2257167	501(C)3	5,453.	0.			RESTRICTED TO SPECIFIC PROGRAM

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UNITED WAY OF JOHNSON COUNTY, INC. PO BOX 31 CLEBURNE, TX 76033	75-1101239	501(C)3	15,015.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF LAREDO, INC. 1815 E HILLSIDE RD LAREDO, TX 78041	74-1543862	501(C)3	7,495.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE, 30TH FLOOR CHICAGO, IL 60604	30-0200478	501(C)3	11,928.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N. LAMAR - DALLAS, TX 75202	75-6005352	501(C)3	161,741.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIRCLE NASHVILLE, TN 37228	62-0533104	501(C)3	5,841.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF SALT LAKE 257 E 200 S, STE 300 SALT LAKE CITY, UT 84111	87-0227091	501(C)3	25,618.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF SOUTH TEXAS PO BOX 187 MCALLEN, TX 78505	74-2052527	501(C)3	10,650.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF TARRANT COUNTY 1500 N MAIN ST., STE 200 FORT WORTH, TX 76164	75-0858360	501(C)3	40,761.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF THE CROSSROADS (FORMERLY VICTORIA COUNTY UNITED WAY) - 101 S MAIN ST STE 500 - VICTORIA, TX 77901	74-6024990	501(C)3	6,573.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

**UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY**

Schedule I (Form 990)

74-1272381

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE GREATER FT HOOD AREA - 208 W AVE A - KILLEEN , TX 76541	74-1750544	501(C)3	11,246.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST., SUITE 200 OMAHA, NE 68102	47-0376605	501(C)3	23,027.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WACO-MCLENNAN COUNTY PO BOX 7634 WACO, TX 76714	74-1189027	501(C)3	16,105.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WEST ELLIS COUNTY INC - PO BOX 1025 - MIDLOTHIAN, TX 76065	75-6002917	501(C)3	5,350.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY SCOTTSBLUFF, NE 69361	47-0424788	501(C)3	8,607.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WILLIAMSON COUNTY PO BOX 708 ROUND ROCK, TX 78680	23-7396732	501(C)3	15,633.	0.			RESTRICTED TO SPECIFIC PROGRAM
URBAN STRATEGIES, INC. 720 OLIVE ST., STE 2600 SAINT LOUIS, MO 63101	43-1141027	501(C)3	178,768.	0.			RESTRICTED TO SPECIFIC PROGRAM
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD. #375 PHOENIX, AZ 85018	86-0104419	501(C)3	7,578.	0.			RESTRICTED TO SPECIFIC PROGRAM
VOICES FOR CHILDREN OF SAN ANTONIO COMMUNITY RESEARCH CENTER - 118 N. MEDINA STREET, SUITE 121 - SAN ANTONIO, TX 78207	74-2987232	501(C)3	5,000.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

UNITED WAY OF SAN ANTONIO AND BEXAR
 COUNTY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER SAN ANTONIO - 231 E RHAPSODY - SAN ANTONIO, TX 78216	74-1109634	501(C)3	1,242,863.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE RD - SAN ANTONIO, TX 78237	74-1143135	501(C)3	569,830.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITY INITIATIVES			592,783.	0.			RESTRICTED TO SPECIFIC PROGRAM

UNITED WAY OF SAN ANTONIO AND BEXAR
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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

FORM 990, SCHEDULE I, PART 1, LINE 2

THE UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY HAS AN ESTABLISHED
ACCOUNTABILITY REVIEW PROCESS FOR ITS INVESTMENTS THAT INVOLVES THE
ANNUAL ASSESSMENT OF THE ORGANIZATIONAL SOUNDNESS OF THE PARTNER AGENCY
AND THE EFFECTIVENESS OF THE PROGRAM IN WHICH UNITED WAY IS INVESTING.
ORGANIZATIONAL SOUNDNESS IS ASSESSED THROUGH OUR REVIEW PROCESS WHICH
LOOKS AT 21 ELEMENTS IN FOUR AREAS: BOARD GOVERNANCE, FINANCIAL
ACCOUNTABILITY, ADMINISTRATIVE EFFICIENCY AND ABILITY TO GENERATE
NON-UNITED WAY RESOURCES. PROGRAM EFFECTIVENESS IS ASSESSED BY LOOKING

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY** Employer identification number **74-1272381**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

**UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY**

Schedule J (Form 990) 2020

74-1272381

Page 2

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION - CONTINUED:

FOUNDED IN 1939, UWSA IS NOW THE LARGEST PRIVATE HEALTH AND HUMAN

SERVICES ORGANIZATION IN BEXAR COUNTY. A LOCALLY AND NATIONALLY

RESPECTED NONPROFIT, UWSA RECEIVED A 3-STAR RATING FROM CHARITY

NAVIGATOR. UWSA HAS ALSO EARNED A 2020 GOLD SEAL OF TRANSPARENCY BY

ADDING INFORMATION TO OUR NONPROFIT PROFILE ON GUIDESTAR. NOW,

COMMUNITY MEMBERS AS WELL AS 10+ MILLION GUIDESTAR USERS CAN FIND

IN-DEPTH INFORMATION ABOUT OUR GOALS, STRATEGIES, AND PROGRESS.

OUR GOALS FOCUS ON CHILDREN WHO ARE HAPPY, HEALTHY, AND READY FOR

SCHOOL, STUDENTS WHO GRADUATE FROM HIGH SCHOOL AND BECOME SUCCESSFUL

ADULTS, SELF-SUFFICIENT INDIVIDUALS AND FAMILIES, AND MEETING

RESIDENTS' URGENT AND IMMEDIATE NEEDS. UWSA IS COMMITTED TO SERVING THE

COMMUNITY AT LARGE, INCLUDING THOSE WHO SERVE(D) IN THE MILITARY. AS

MILITARY CITY, USA, WE PROVIDE SERVICES TO THE LARGE AND IMPORTANT

GROUP OF MILITARY MEMBERS AND VETERANS RESIDING IN BEXAR COUNTY.

DURING FISCAL YEAR-ENDED 6/30/21, MORE THAN 157,580 PEOPLE RECEIVED

HELP THROUGH UWSA; AN ADDITIONAL 1.6 MILLION UNITS OF SERVICE WERE

PROVIDED FOOD BANK RESOURCES. WE CREATE, LEVERAGE, MANAGE AND INVEST

RESOURCES. WE WORK WITH STRATEGIC PARTNERS SUCH AS BUSINESSES, HUMAN

SERVICES AGENCIES, FAITH-BASED ORGANIZATIONS, SCHOOLS, GOVERNMENT

INSTITUTIONS AND, MOST IMPORTANTLY, RESIDENTS THEMSELVES TO ENSURE OUR

STRATEGIES AND COMMUNITY DOLLARS DO AS MUCH GOOD AS POSSIBLE.

ONE OF THE MANY WAYS WE SUPPORT OUR GOALS IS TO CONDUCT AN ANNUAL

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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COMMUNITY FUNDRAISING CAMPAIGN. IN 2020, \$48,300,000 WAS RAISED AND INVESTMENTS WERE MADE IN HIGH-QUALITY, OUTCOMES-DRIVEN PROGRAMS, DIRECT-SERVICE PROVIDERS, AND PUBLIC-POLICY INITIATIVES. FOR FY21, WE ALSO WERE AWARDED AND MANAGED \$4.0 MILLION IN STATE, FEDERAL, AND PRIVATE FOUNDATION GRANTS THAT ARE ALIGNED WITH OUR GOALS. UWSA CONTINUES TO WORK TO DEVELOP COMMITTED VOLUNTEERS AND ADVOCATES TO BE THE FORCE THAT HELPS UWSA ACHIEVE ITS MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OUR FOUR IMPACT AREAS INCLUDE:

READY CHILDREN: ALL CHILDREN ARE HAPPY, HEALTHY, AND READY TO SUCCEED IN KINDERGARTEN. IN FY21, 13,912 LIVES WERE IMPACTED THROUGH PARENTING PROGRAMS; QUALITY EARLY CHILDHOOD EDUCATION PROGRAMS; AND CHILD PROTECTION, DISABILITY, AND HEALTH SERVICES. IN ADDITION TO INTERVENTION AND PREVENTION SERVICES OFFERED TO CHILDREN AND FAMILIES, 14 SYSTEMS WERE ENGAGED TO PREVENT CHILD ABUSE.

READYKIDSA: A COMMUNITY COALITION OF OVER 90 ORGANIZATIONS BUILDS ON SUCCESSFUL CHILD AND FAMILY PROGRAMS TO PROMOTE HAPPY, HEALTHY, READY CHILDREN AGES 0-8 WITH TOOLS AND RESOURCES TO SUPPORT PARENTS, CAREGIVERS, AND EDUCATORS. IN 2017, THIS COALITION ENGAGED IN A STRATEGIC PLANNING PROCESS TO DEVELOP THE BEXAR COUNTY CHILDREN'S AGENDA, WHICH HAS GUIDED THE EARLY CHILDHOOD INVESTMENT OF UWSA AS WELL AS THE CITY OF SAN ANTONIO. THE BEXAR COUNTY CHILDREN'S AGENDA NOT ONLY IDENTIFIES THE PRIORITY ISSUES AROUND CHILD WELL-BEING, BUT ALSO INCLUDES A CORRESPONDING SCORECARD WITH THE KEY INDICATORS THAT WILL

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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HELP THE COALITION MONITOR ACTUAL PROGRESS TOWARD ITS VISION
(WWW.READYKIDSA.COM).

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV)
GRANT: A FEDERALLY-FUNDED TEXAS HOME VISITING PROGRAM FOR AT RISK
PREGNANT WOMEN AND FAMILIES WITH CHILDREN 0-5 IS FOCUSED ON THE
PREVENTION OF CHILD ABUSE. WITH THREE LOCAL ORGANIZATIONS AS PARTNERS,
RESOURCES AND SKILL BUILDING INTERVENTIONS WERE PROVIDED TO SUPPORT
PARENTS TO RAISE HEALTHY CHILDREN WHO ARE READY TO LEARN BY
KINDERGARTEN. IN FY21, 480 FAMILIES WERE SERVED THROUGH IN-HOME
PARENTING CLASSES AND NURSE HOME VISITING PROGRAMS AND ALL OUTCOME
PERFORMANCE TARGETS WERE MET.

SUCCESSFUL STUDENTS: YOUNG PEOPLE ARE ACTIVELY ENGAGED IN THEIR
COMMUNITIES, PREPARED FOR THE 21ST CENTURY WORKFORCE, AND HAVE
RESOURCE-RICH ENVIRONMENTS WITH PREPARED AND ENGAGED ADULTS TO SUPPORT
THEM TO BECOME SUCCESSFUL ADULTS. IN FY21, APPROXIMATELY 6,594 SCHOOL
AGE CHILDREN THROUGH AGE 24 AND THEIR CAREGIVERS RECEIVED SERVICES IN
THE AREAS OF YOUTH DEVELOPMENT, MENTORING, AND CHARACTER-BUILDING
PROGRAMS TO DECREASE YOUTH DISCONNECTION, CHRONIC ABSENTEEISM AND
DISCIPLINARY/BEHAVIORAL REFERRALS; COUNSELING AND MENTAL HEALTH
SERVICES (INCLUDING SUBSTANCE USE COUNSELING); AND ACADEMIC SUPPORTS TO
INCREASE READING AND MATH PROFICIENCIES. IN ADDITION TO INTERVENTIONS
AND ENGAGEMENT SERVICES OFFERED TO YOUTH AND THEIR CAREGIVERS, 19
SYSTEMS WERE ENGAGED TO IMPLEMENT TRAUMA-SENSITIVE AND RESTORATIVE
JUSTICE PRACTICES.

STRONG INDIVIDUALS AND FAMILIES: ENSURES ALL INDIVIDUALS AND FAMILIES

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ARE STABLE, FLOURISH ECONOMICALLY, REACH THEIR FULL POTENTIAL AND MAINTAIN A QUALITY OF LIFE FREE FROM DISCRIMINATION. IN FY21, A TOTAL OF 16,698 INDIVIDUALS RECEIVED SERVICES FOCUSED ON PROVIDING EDUCATION AND WORKFORCE DEVELOPMENT, AND DECREASING FAMILY VIOLENCE. SERVICES INCLUDED EMPLOYMENT TRAINING, HEALTH/MENTAL HEALTH, SUBSTANCE ABUSED, FINANCIAL LITERACY, AND COUNSELING PROGRAMS. ADDITIONALLY, 15 SYSTEMS WERE ENGAGED IN BUILDING AN AWARENESS CAMPAIGN TO REDUCE THE WAGE DISPARITY BETWEEN WOMEN OF COLOR AND ANGLO MEN.

VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA): PROVIDING CRITICAL ACCESS FOR FINANCIAL STABILITY, VITA OFFERS FREE INCOME TAX PREPARATION TO INDIVIDUALS AND HOUSEHOLDS WHO EARNED UP TO \$55,000 FOR THE 2020 TAX YEAR. THE PROGRAM IS A SAFE ALTERNATIVE TO COSTLY, AND OFTEN PREDATORY, TAX PREPARATION SERVICES. WORKING IN VITA SITES THROUGHOUT THE CITY, 352 TRAINED AND IRS-CERTIFIED VOLUNTEERS PREPARED 13,436 RETURNS RESULTING IN \$3 MILLION SAVINGS IN TAX PREPARATION FEES. \$26,810,818 WAS REFUNDED TO LOCAL FILERS AND \$7.9 MILLION IN EARNED INCOME TAX CREDIT (EITC) WENT BACK TO 3,803 TAXPAYERS.

SAFETY NET: A "SAFETY NET" OF EMERGENCY/DISASTER CARE SERVICES TO MEET IMMEDIATE, URGENT NEEDS. TO BREAK THE CYCLE OF POVERTY, UWSA FIGHTS AGAINST HUNGER AND HOMELESSNESS AND CHAMPIONS COMPASSION AND RESILIENCY. IN 2021, 183,511 LIVES WERE IMPACTED: 9,550 WERE PROVIDED EMERGENCY CLOTHING, 108,285 RECEIVED FOOD BAGS OR BOXES, 1,907 WERE PROVIDED UTILITY ASSISTANCE, AND 63,769 PEOPLE WERE GIVEN SHELTER, CRISIS, AND DISASTER SERVICES.

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP): EFSP IS A RESTRICTED FEDERAL

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GRANT AWARDED THROUGH THE U.S. DEPARTMENT OF HOMELAND SECURITY. THIS UNIQUE PUBLIC-PRIVATE PARTNERSHIP BRINGS THE VOLUNTARY AND GOVERNMENT SECTORS TOGETHER TO PROVIDE EMERGENCY SHELTER, FOOD, AND SUPPORTIVE SERVICES FOR INDIVIDUALS AND FAMILIES IN BEXAR COUNTY. THE BEXAR COUNTY, TX LOCAL BOARD #788600, ADMINISTERED BY UWSA, LOOKS AT NEEDS AND GAPS IN SERVICES IN THE COMMUNITY, AND FOCUSES THE DOLLARS ACCORDINGLY. THE EFSP BEXAR COUNTY LOCAL BOARD HAS ADMINISTERED \$905K IN FEDERAL FUNDS IN OUR COMMUNITY IN TWO DISTRIBUTIONS DURING THE FISCAL YEAR: PHASE 38 AND A SPECIAL SUPPLEMENTAL APPROPRIATION FOR HUMANITARIAN ASSISTANCE.

THE EFSP BEXAR COUNTY LOCAL BOARD WAS AWARDED DIRECT FUNDS FOR PHASE 38 IN THE AMOUNT OF \$740,598 (AND AN ADDITIONAL \$50,000 IN STATE SET-ASIDE FUNDS). THE EFSP BEXAR COUNTY LOCAL BOARD WAS AWARDED \$115,020.25 IN REIMBURSEMENT FUNDS FOR CRITICAL MIGRANT SERVICES THAT WERE DELIVERED IN THE MOST TIMELY, SEAMLESS, COST-EFFECTIVE, UNDUPLICATED, AND COMPASSIONATE MANNER IN OUR COMMUNITY.

DUAL GENERATION INITIATIVE: THE UWSA DUAL GENERATION INITIATIVE ASSERTS THAT WHEN CHILDREN ARE SURROUNDED BY STRONG FAMILIES AND HEALTHY COMMUNITIES, THEY CAN OVERCOME CHALLENGES CREATED BY POVERTY AND FULFILL THEIR POTENTIAL. THIS APPROACH IS A COMMUNITY EFFORT TO HELP FAMILIES IN THE EASTSIDE OF SAN ANTONIO SECURE STABLE HOUSING, CHILDCARE, WELL-PAYING JOBS, AND EDUCATION, SO THEY CAN ACHIEVE GREATER STABILITY AND SUCCESS. A RANGE OF FOUNDATIONS CURRENTLY FUND THE UWSA DUAL GENERATION INITIATIVE. IN 2021, 114 HOUSEHOLDS WITH CHILDREN 0 TO 10 WERE ACTIVELY ENGAGED IN SECURING SERVICES AND/OR SUPPORT FOR THEIR FAMILIES; IN 42 OF THESE HOUSEHOLDS, AT LEAST ONE ADULT COMPLETED

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TRAINING AND GAINED EMPLOYMENT.

NATIONAL PHILANTHROPIC TRUST: IN FY21, A SPECIAL ONE-TIME MAJOR DONATION OF \$20M WAS AWARDED TO UWSA BY THE NATIONAL PHILANTHROPIC TRUST. THE BOARD OF DIRECTORS HAS COMMITTED \$10M OF THE FUNDS TO BE USED AS FOLLOWS: \$3M FOR THE UWSA ENDOWMENT AND LEGACY FUND, \$6.4M FOR THE UWSA DUAL GENERATION PROGRAM, AND \$600,000 FOR TECHNOLOGY UPGRADES AND CAPITAL IMPROVEMENTS.

SIEMER INSTITUTE GRANT: THE SIEMER FAMILY FOUNDATION GRANT FOCUSES ON THE PREVENTION OF HOMELESSNESS AND CHRONIC ABSENTEEISM IN SCHOOL-AGED CHILDREN AND SUPPORTS UWSA'S DUAL GENERATION PARTNERSHIP WORK. THE MULTI-YEAR GRANT IS FOR \$150,000 ANNUALLY FOR THREE YEARS. THE GRANT FOCUSES ON A TWO-GENERATION APPROACH TO FINANCIALLY STABILIZE FAMILIES.

HEALTHY OUTCOMES THROUGH PREVENTION AND EARLY SUPPORT (HOPES) III GRANT: UWSA'S HOPES III GRANT FROM THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS), PREVENTION & EARLY INTERVENTION DIVISION (PEI) WAS AWARDED IN APRIL 2017 AND FOCUSES ON INCREASING PROTECTIVE FACTORS IN FAMILIES WITH CHILDREN UNDER THE AGE OF FIVE. THIS IS DONE THROUGH THE PROMOTION OF CHILD WELL-BEING, EARLY CHILDHOOD EDUCATION AND OTHER FAMILY SERVICES, AND IS ACCOMPLISHED THROUGH COMMUNITY COLLABORATION WITH NINE AGENCIES THAT COLLECTIVELY SERVED 903 FAMILIES; AND CONNECTED 456 FAMILIES WITH SUPPORT SERVICES; AND PROVIDED DEVELOPMENTALLY APPROPRIATE TEXT MESSAGES TO 2,309 PARENTS.

MILITARY FAMILIES AND VETERANS PILOT PREVENTION PROGRAM (MFVPPP) GRANT: THIS GRANT COMPLETED ITS WORK ON 8/31/2020. THROUGH ITS PARTNERSHIP

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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WITH 7 LOCAL AGENCIES, UWSA MANAGED A STATE GRANT PILOTING A NEW SUPPORT SYSTEM TO IMPROVE THE WELL-BEING OF TEXAS MILITARY AND VETERAN FAMILIES. THIS FOCUS WAS TO REDUCE MILITARY AND VETERAN FAMILIES' RISK OF CHILD ABUSE AND/OR NEGLECT BY COMBINING RESOURCES FOR EASY AVAILABILITY AND SUPPORTS CUSTOMIZED TO THE UNIQUE STRESSORS OF OUR MILITARY COMMUNITY. COLLECTIVELY, IN THE LAST SERVICE YEAR OF THIS GRANT (8.20.2020), 221 FAMILIES WERE SERVED, AND AN ADDITIONAL 1,820 CHILDCARE PROFESSIONALS RECEIVED EDUCATION AND TRAINING ON THE UNIQUE NEEDS OF MILITARY CHILDREN AND FAMILIES.

SERVICES TO MILITARY AND VETERAN FAMILIES (SMVF) GRANT: THROUGH ITS PARTNERSHIP WITH 4 LOCAL AGENCIES, UWSA MANAGES A STATE GRANT TO IMPROVE THE WELL-BEING OF TEXAS MILITARY AND VETERAN FAMILIES. THIS FOCUS IS TO REDUCE MILITARY AND VETERAN FAMILIES' RISK OF CHILD ABUSE AND/OR NEGLECT BY COMBINING RESOURCES FOR EASY AVAILABILITY AND SUPPORT CUSTOMIZED TO THE UNIQUE STRESSORS OF OUR MILITARY COMMUNITY. COLLECTIVELY, IN 2021, 155 FAMILIES WERE SERVED, AND AN ADDITIONAL 734 VETERAN INDIVIDUALS WERE ASSISTED THROUGH MISSION UNITED, A RESOURCE AND REFERRAL SERVICE DESIGNED TO SUPPORT THE UNIQUE NEEDS OF MILITARY CHILDREN AND FAMILIES.

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

2-1-1 CHILDCARE GRANT: THE 2-1-1 TEXAS/UWSA HELP LINE GUIDES FAMILIES TO CHILDCARE PROVIDERS AND RESOURCES, LICENSED CHILDCARE FACILITIES, FAMILY CHILDCARE HOMES AND OUT-OF-SCHOOL TIME CARE. CALL SPECIALISTS ALSO INFORM FAMILIES ON CHILDCARE SUBSIDY PROGRAMS. IN FY21, WE HANDLED 1,964 CALLS RELATED TO CHILDCARE, YIELDING A TOTAL OF 2,178 REFERRALS

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FOR CHILDCARE NEEDS.

PROJECT COOL: SINCE 1997, UWSA AND GOVERNMENT/COMMUNITY/CORPORATE PARTNERS PROVIDE HEAT RELIEF TO SENIOR RESIDENTS OVER 60 YEARS OLD, AND RESIDENTS WITH DISABILITIES, THROUGH DONATION AND FREE DISTRIBUTION OF 20-INCH BOX FANS. IN 2020, OUR 2-1-1 HELP LINE HANDLED 843 CALLERS YIELDING 880 FAN NEEDS.

SMOKE DETECTOR PROGRAM: A SAN ANTONIO FIRE DEPARTMENT SMOKE DETECTOR PROGRAM OFFERING FREE SMOKE DETECTORS, INCLUDING INSTALLATION, TO CITIZENS LIVING IN SINGLE-FAMILY HOMES. TENS OF THOUSANDS HAVE BEEN INSTALLED THROUGHOUT SAN ANTONIO SINCE THE PROGRAM'S INCEPTION. THOSE IN NEED CONTACT THE UWSA 2-1-1 HELP LINE. IN 2020, 162 CALLERS MADE INQUIRIES YIELDING 207 SMOKE DETECTOR NEEDS.

2-1-1 MIDDLE RIO GRANDE AND GOLDEN CRESCENT AREA INFORMATION CENTERS GRANTS: OUR ALAMO AREA INFORMATION CENTER ENSURES REGIONAL EXTENDED AFTER-HOURS COVERAGE (EVENINGS, WEEKENDS, AND HOLIDAYS) FOR TWO AREA INFORMATION CENTERS TO ENSURE ALL RESIDENTS IN TEXAS HAVE ACCESS TO INFORMATION AND REFERRAL SERVICES 24 HOURS A DAY. IN 2020, WE ASSISTED 2,222 CALLERS.

MISSION UNITED: HOME TO JOINT BASE SAN ANTONIO-RANDOLPH, JBSA-FORT SAM HOUSTON, JBSA-LACKLAND AND JBSA-CAMP BULLIS, SAN ANTONIO IS KNOWN AS MILITARY CITY, USA. OUT OF CONCERN FOR HIGHLY STRESSED AND VULNERABLE MILITARY FAMILIES, UWSA CREATED MISSION UNITED IN 2015 TO HELP MILITARY/VETERAN FAMILIES NAVIGATE THE COMPLEX ARRAY OF COMMUNITY AND MILITARY SUPPORT PROGRAMS. IN 2020, MISSION UNITED RECEIVED OVER 6,925

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MILITARY CALLS THROUGH OUR 2-1-1 HELP LINE. IN ADDITION, MISSION UNITED CONDUCTED OVER 403 FOLLOW-UP CALLS CONNECTING ACTIVE-DUTY SERVICE MEMBERS, RESERVISTS, VETERANS, AND THEIR FAMILIES TO VITAL COMMUNITY RESOURCES.

LABOR RELATIONS: UWSA HAS HAD A STAFF LABOR LIAISON TEAM SINCE THE MID-1970S. THESE STAFF MEMBERS EDUCATE AND ENGAGE LABOR LEADERS AND UNIONS AND SHARPEN THE FOCUS FOR SUPPORTING THE UWSA COMMUNITY CAMPAIGN THROUGH WORKSHOPS, TRAINING SESSIONS, EVENTS, AND AWARDS. THEY EMPHASIZE THE 2-1-1 HELP LINE FOR HEALTH AND HUMAN SERVICES REFERRALS AND INFORMATION.

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

WU HOSTS AN ANNUAL PURSE AUCTION AND PROGRAM TO BENEFIT THE SCHOLARSHIP PROGRAM. MENTORING CIRCLES WERE LAUNCHED IN 2017 TO OFFER GUIDANCE/RESOURCES TO SCHOLARSHIP RECIPIENTS.

EMERGING LEADERS COUNCIL (ELC): FOUNDED IN 2014, UWSA'S EMERGING LEADERS COUNCIL (ELC) ENGAGES YOUNG PROFESSIONALS IN UWSA'S WORK TO STRENGTHEN THE GREATER SAN ANTONIO COMMUNITY. EMERGING LEADERS SUPPORT UWSA THROUGH PHILANTHROPIC EFFORTS, NETWORKING, VOLUNTEERISM, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES. IN 2020, ELC HAD OVER 3,100 MEMBERS AND OVER 70 MEMBERS THAT LOGGED 500+ VOLUNTEER HOURS AT FOUR (4) VIRTUAL AND IN-PERSON COMMUNITY EVENTS. ELC MEMBERSHIP INCLUDES PROFESSIONAL/EDUCATIONAL PROGRAMS TO LEARN MORE ABOUT THE PROGRAMS WHERE ELC DONATIONS ARE MAKING AN IMPACT.

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THE VOLUNTEER CENTER AT UNITED WAY: BEXAR COUNTY'S LARGEST RESOURCE DEVOTED SOLELY TO THE PROMOTION AND NURTURING OF VOLUNTEERISM AND COMMUNITY SERVICE. THE CENTER MOBILIZES THOUSANDS OF VOLUNTEERS FOR COMMUNITY-WIDE CIVIC EVENTS AND UWSA SIGNATURE EVENTS.

SAN ANTONIO VOLUNTEER ADMINISTRATORS (SAVA): A PROFESSIONAL ORGANIZATION FOR VOLUNTEER ADMINISTRATORS WHO HAVE VOLUNTEER MANAGEMENT RESPONSIBILITIES OR INTERESTS. MEMBERS PARTICIPATE IN BI-MONTHLY MEETINGS AND LUNCH-AND-LEARNS, TRAINING WORKSHOPS, AND MAKE VALUABLE CONNECTIONS WITH OTHER VOLUNTEER MANAGEMENT PROFESSIONALS.

UNITED WAY THANK-A-THON: AN OPPORTUNITY TO SHARE A SPECIAL MESSAGE FOR SOMEONE WHO IS PROVIDING SUPPORT AND CARE DURING THE COVID-19 PANDEMIC. UWSA THEN PROVIDED THE THANK YOU MESSAGE TO LOCAL HOSPITALS, FIRST RESPONDERS, SCHOOL DISTRICTS, GROCERY RETAILERS, FOOD SERVICE INDUSTRY, CHILDCARE CENTERS, RESEARCHERS/SCIENTISTS, AND SMALL BUSINESSES. WE HAD A TOTAL OF 2,285 MESSAGES THAT WERE SUBMITTED TO GIVE THANKS TO SAN ANTONIO FRONT LINE WORKERS.

DO GOOD FROM HOME: THROUGH UNITED WAY DAY OF ACTION, UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY HOSTED A VIRTUAL/REMOTE VOLUNTEER OPPORTUNITY FOR FAMILIES TO PARTICIPATE IN, WHERE VOLUNTEERS WERE INVITED TO ENGAGE IN PRE-PLANNED VOLUNTEER PROJECTS TO GIVE BACK TO THE SAN ANTONIO COMMUNITY. VOLUNTEERS HAD FIVE FAMILY-FRIENDLY PROJECT OPTIONS TO CHOOSE FROM FEATURING FREE AND LOW-COST OPTIONS.

SHOEBOX PROJECT: THE 6TH ANNUAL SHOEBOX PROJECT, UNITED WAY'S SHOEBOX

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PROJECT, KICKED OFF IN APRIL, WAS SIDELINED BY THE COVID-19 PANDEMIC, AND THEN RELAUNCHED IN SEPTEMBER. IT WAS CLEAR THE NEED WAS EVEN GREATER THAN BEFORE. IT WAS ALSO CLEAR THAT SMALL ITEMS IN A SMALL BOX, MAKE A BIG IMPACT ACROSS THE COMMUNITY. AND WE COULDN'T DO IT WITHOUT THE BOX! IN ALL, 6,566 BOXES BENEFITTED THE CLIENTS OF 69 NONPROFIT AGENCIES

BEXAR NECESSITIES: AN "ELECTRONIC BULLETIN BOARD" ALLOWING NONPROFIT AGENCIES TO POST REQUESTS FOR DIFFICULT-TO-LOCATE RESOURCES AND ACCESS INFORMATION ABOUT SERVICE AVAILABILITY OR CHANGES. THE PROGRAM NETWORKS NONPROFITS, UNIVERSITIES, HOSPITALS, PUBLIC SECTOR ORGANIZATIONS AND THE FAITH-BASED COMMUNITY VIA AN EMAIL LIST-SERVE. BEXAR NECESSITIES COLLABORATES WITH COMMUNITY PARTNERS TO FILL THE NEEDS OF THOSE INDIVIDUALS WHO ARE SEEKING HELP. IN 2020, THERE WERE APPROXIMATELY 1,748 MEMBERS, 491 OF WHICH WERE ADDED DURING THE 2021 YEAR, BRINGING OUR TOTAL TO 2,239 TO DATE.

COMMUNITY CHAMPIONS SPIRIT OF SA AWARDS: RECOGNIZES AN INDIVIDUAL WHOSE VOLUNTEER EFFORTS HAVE MADE A SIGNIFICANT IMPACT DURING THE COVID-19 PANDEMIC, DEMONSTRATING "ABOVE AND BEYOND" COMMITMENT IN ANY ONE OF UNITED WAY'S FOUR IMPACT AREAS:

- 1) STRONG INDIVIDUALS AND FAMILIES
- 2) READY CHILDREN
- 3) SUCCESSFUL STUDENTS
- 4) SAFETY NET

FORM 990, PART VI, SECTION A, LINE 2:

MR. ERNESTO ANCIRA, JR. (MEMBER-AT-LARGE) AND MS. APRIL ANCIRA (EXEC COMM

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MBR-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. BRADLEY C. BARRON (EXEC COMM CAMPAIGN CHAIR), MR. J. DAN BATES (MEMBER-AT-LARGE), MS. MARY ROSE BROWN (EXEC COMM MARKETING CHAIR), MS. JELYNNE LEBLANC BURLEY (MEMBER-AT-LARGE), AND MR. WILLIAM E. GREEHEY (MEMBER-AT-LARGE) HAVE A BUSINESS RELATIONSHIP.

MR. J. DAN BATES (MEMBER-AT-LARGE), MR. PHILLIP D. GREEN (EXEC COMM MBR-AT-LARGE), MR. ADAM L. HAMILTON, P.E. (EXEC COMM MBR-AT-LARGE), KIMBERLY S. LUBEL (EXEC COMM CHAIRPERSON), AND MR. PHILIP J. PFEIFFER (EXEC COMM MBR-AT-LARGE) HAVE A BUSINESS RELATIONSHIP.

MR. J. DAN BATES (MEMBER-AT-LARGE), MR. J. MICHAEL BELZ (MEMBER-AT-LARGE), MR. DAVID BOHNE (EXEC COMM MBR-AT-LARGE), AND MS. SUZANNE GOUDGE (MEMBER-AT-LARGE) HAVE A BUSINESS RELATIONSHIP.

MR. R. RENE ESCOBEDO (EXEC COMM TREASURER) AND MR. RUBEN M. ESCOBEDO, CPA (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. JAMES D. GOUDGE (MEMBER-AT-LARGE) AND MS. SUZANNE GOUDGE (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. PETER J. HOLT (EXEC COMM MEMBER-AT-LARGE) AND MR. PETER M. HOLT (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MS. KATHY MAYS JOHNSON (EXEC COMM MBR-AT-LARGE) AND MR. L. LOWRY MAYS (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

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MR. JOSEPH W. GORDER (MEMBER-AT-LARGE), MR. PHILIP J. PFEIFFER (EXEC COMM MBR-AT-LARGE), MS. DONNA TITZMAN (EXEC COMM PERSONNEL CHAIR), MS. LAURA J. VACCARO (EXEC COMM COMMUNITY SERVICE CHAIR), AND MS. HANNAH ZUNKER (MEMBER-AT-LARGE) HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE WITH MANAGEMENT AND THE CPA THAT PREPARED THE TAX RETURN. UPON APPROVAL OF THE TAX RETURN BY THE AUDIT COMMITTEE, IT IS PRESENTED TO THE BOARD BEFORE BEING FILED.

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

THE WRITTEN CONFLICT OF INTEREST POLICY IS CONTAINED WITHIN THE EMPLOYEE HANDBOOK. ANNUALLY, ALL EMPLOYEES, OFFICERS AND TRUSTEES ARE ASKED TO READ THE POLICY AND CONFIRM IN WRITING COMPLIANCE WITH THE POLICY.

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

COMPENSATION SALARY RANGES FOR ALL POSITIONS ARE DETERMINED BY AN OUTSIDE VOLUNTEER COMMITTEE COMPOSED OF HUMAN RESOURCE PROFESSIONALS FROM A LOCAL MAJOR CORPORATION. THIS VOLUNTEER COMMITTEE SECURES COMPARABLE SALARY DATA FROM LOCAL AND NATIONAL SOURCES TO ESTABLISH THE GRADE AND SALARY RANGE FOR EACH POSITION WITHIN UNITED WAY. THESE GRADE AND SALARY RANGES ARE APPROVED ANNUALLY BY THE PERSONNEL COMMITTEE AND SUBSEQUENTLY THE GOVERNING BODY OF VOLUNTEERS. THIS PROCESS WAS LAST PERFORMED IN NOVEMBER 2020.

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

UWSA'S FORM 990 IS AVAILABLE UPON REQUEST AND ALSO ON GUIDESTAR'S WEBSITE.

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

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THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 12, COLUMN A AND PART IX, LINE 25, COLUMN C AND D UWSA PAYS ALL ADMINISTRATIVE AND FUNDRAISING EXPENSES OF THE UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND. THE COMBINED REVENUE OF BOTH ENTITIES IS \$64,080,326 AND TOTAL MANAGEMENT AND FUNDRAISING EXPENSES ARE \$4,300,032, RESULTING IN A CONSOLIDATING OPERATING EXPENSE RATIO OF 6.71%.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY** Employer identification number **74-1272381**

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND, 81-2566792, 700 SOUTH ALAMO, SAN ANTONIO, TX 78205	SEE PART VII	TEXAS	501(C)(3)	LINE 12A, I	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	X	

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

Schedule R (Form 990) 2020

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SEE PART VII	L	0	NOT MEASURED
(2) SEE PART VII	N	0	NOT MEASURED
(3) SEE PART VII	O	0	NOT MEASURED
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART II, COLUMN(B):

TO MAINTAIN AN ENDOWMENT FUND TO BE USED FOR THE BENEFIT OF AND IN
FURTHERANCE OF THE PURPOSES OF THE UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY.

FORM 990, SCHEDULE R, PART V, LINE 2 COLUMN(A), LINE 1, 2 AND 3:

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