

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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	<b>C</b> Name of organization <b>UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>700 SOUTH ALAMO</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN ANTONIO, TX 78205</b> <b>F</b> Name and address of principal officer: <b>CHRISTOPHER MARTIN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>74-1272381</b> <b>E</b> Telephone number <b>(210) 352-7000</b> <b>G</b> Gross receipts \$ <b>52,272,617.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.UWSATX.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1955</b>
		<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

		<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY (UWSA) IS (SEE SCHEDULE O FOR CONTINUATION)</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>129</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2527</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 62,508,056.
<b>9</b>		Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	711,239.	1,612,312.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,219,295.	43,908,559.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,958,757.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,331,372.	8,754,107.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,330,044.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,318,446.	2,949,512.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,608,575.	42,276,190.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	25,610,720.	1,632,369.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 74,846,616.	<b>End of Year</b> 71,140,045.
	<b>21</b>	Total liabilities (Part X, line 26)	11,745,470.	12,746,141.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	63,101,146.	58,393,904.

**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.

<b>Sign Here</b>	Signature of officer <b>RYAN BOUBEL, CFO</b> Type or print name and title	Date Filed Electronically on 5/10/23
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPH A. HERNANDEZ</b>	Preparer's signature <b>JOSEPH A. HERNANDEZ</b>
	Date <b>04/26/23</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00950841</b>
	Firm's name ▶ <b>ADKF, P.C.</b>	Firm's EIN ▶ <b>74-2606559</b>
	Firm's address ▶ <b>9601 MCALLISTER FREEWAY, SUITE 800 SAN ANTONIO, TX 78216</b>	Phone no. (210) 829-1300

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY</b>	Taxpayer identification number (TIN) <b>74-1272381</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>700 SOUTH ALAMO</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN ANTONIO, TX 78205</b>	

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

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

**RYAN BOUBEL**

- The books are in the care of ▶ **700 SOUTH ALAMO - SAN ANTONIO, TX 78205**

Telephone No. ▶ **(210) 352-7009** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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

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

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

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 \$ 35,096,681. including grants of \$ 30,300,315. ) (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 \$ 1,492,212. 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 2022, 2-1-1 HANDLED 263,212 CALLERS/WEBSITE VISITORS. TOP CALLER NEEDS INCLUDED UTILITY ASSISTANCE, FOOD INSECURITY, AND RENT ASSISTANCE.

SEE SCHEDULE O FOR CONTINUATION

4c (Code: ) (Expenses \$ 833,829. including grants of \$ 272,256. ) (Revenue \$ ) COMMUNITY ENGAGEMENT WOMEN UNITED (WU): WOMEN UNITED IS A DYNAMIC MEMBERSHIP OF WOMEN (AND MEN) WHO SUPPORT THE WORK OF UNITED WAY TO DRIVE POSITIVE CHANGES IN SAN ANTONIO AND BEXAR COUNTY. WOMEN UNITED PROVIDES MEMBERS A SPEAKER SERIES, SERVICE PROJECTS, VOLUNTEER LEADERSHIP ROLES, AND SIGNATURE NETWORKING EVENTS. WOMEN UNITED ALSO POWERS ITS SIGNATURE CAUSE, THE UNITED WAY CHILD CARE SCHOLARSHIPS, WHICH HELP MAKE QUALITY CHILD CARE ACCESSIBLE AND AFFORDABLE FOR PARENTS SEEKING HIGHER EDUCATION FOR THE FIRST TIME. PROCEEDS FROM WOMEN UNITED'S ANNUAL POWER OF THE PURSE LUNCHEON AND PURSE AUCTION DIRECTLY BENEFITS THE SCHOLARSHIP PROGRAM.

SEE SCHEDULE O FOR CONTINUATION

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

4e Total program service expenses 37,422,722.

**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> .....	<b>X</b>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
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> .....		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
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> .....		<b>X</b>
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> .....		<b>X</b>
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> .....		<b>X</b>
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> .....		<b>X</b>
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> .....	<b>X</b>	
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> .....	<b>X</b>	
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> .....		<b>X</b>
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> .....		<b>X</b>
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> .....		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
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> .....	<b>X</b>	
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> .....		<b>X</b>
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> .....	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
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> .....		<b>X</b>
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> .....		<b>X</b>
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> .....		<b>X</b>
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> See instructions .....		<b>X</b>
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> .....		<b>X</b>
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> .....		<b>X</b>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
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> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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
<b>2a</b>	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		129
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

**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
<b>1a</b>	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		32
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		32
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 FORMER VICE CHAIR	10.00 10.00						X	406,913.	0.	27,937.
(2) MR. CHRISTOPHER MARTIN PRESIDENT & CEO	38.00 2.00			X				349,245.	0.	40,397.
(3) MR. GLENN LUCADOU CHIEF DEVELOPMENT OFFICER	38.00 2.00			X				190,769.	0.	41,594.
(4) MS. MARY ELLEN BURNS FORMER SVP, GRANT IMPLEMENTATION	40.00 0.00					X		183,770.	0.	39,114.
(5) MR. EDWARD H. GUERRA FORMER EVP, CFO	38.00 2.00			X				182,711.	0.	30,468.
(6) MS. LINDA GARZA SVP, CORPORATE CAMPAIGNS	40.00 0.00					X		171,080.	0.	31,478.
(7) MS. LADY ROMANO SVP, COMMUNITY IMPACT	40.00 0.00					X		147,116.	0.	28,561.
(8) MR. ANDREW SASSEVILLE SVP, ACCOUNTABILITY & COMMUNITY SERV	40.00 0.00					X		135,375.	0.	14,950.
(9) MS. JENIFFER RICHARDSON SVP, STRATEGIC INITIATIVES & PUBLIC	40.00 0.00					X		125,155.	0.	14,062.
(10) MR. RYAN BOUBEL CHIEF FINANCIAL OFFICER	38.00 2.00			X				17,302.	0.	0.
(11) MS. LISA A. FRIEL BOARD CHAIR AND NOMINATING & GOVERNA	8.00 2.00	X		X				0.	0.	0.
(12) MS. KIMBERLY S. LUBEL IMMEDIATE PAST BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(13) MR. L. HERBERT STUMBERG JR. BOARD SECRETARY	2.00 0.00	X		X				0.	0.	0.
(14) MS. MARIA D. VILLAGOMEZ BOARD TREASURER & FINANCE CHAIR	2.00 0.00	X		X				0.	0.	0.
(15) MR. CHARLES E. AMATO ENDOWMENT & LEGACY FUND COMMITTEE CH	2.00 2.00	X		X				0.	0.	0.
(16) MS. MARY ROSE BROWN RESOURCE DEVELOPMENT & COMMUNITY ENG	2.00 0.00	X		X				0.	0.	0.
(17) MS. LAURA J. VACCARO DIVERSITY & HUMAN RESOURCES CHAIR	2.00 0.00	X		X				0.	0.	0.



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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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. R. RENE ESCOBEDO AUDIT & ETHICS CHAIR	2.00 2.00	X		X				0.	0.	0.
(19) MR. DAVID BOHNE COMMUNITY CAMPAIGN CHAIR	2.00 0.00	X		X				0.	0.	0.
(20) MR. BRADLEY C. BARRON IMMEDIATE PAST CAMPAIGN CHAIR	2.00 0.00	X		X				0.	0.	0.
(21) MR. JOHN B. ZACHRY CAMPAIGN CHAIR ELECT	2.00 0.00	X		X				0.	0.	0.
(22) MS. PEGGY WALKER PUBLIC POLICY CHAIR	2.00 0.00	X		X				0.	0.	0.
(23) MR. JONATHAN GURWITZ COMMUNITY IMPACT CHAIR & PUBLIC POLI	2.00 0.00	X		X				0.	0.	0.
(24) GEN EDWARD RICE, JR., USAF (RET) COMMUNITY IMPACT CHAIR	2.00 0.00	X		X				0.	0.	0.
(25) MS. VICTORIA M. GARCIA STRATEGY & GOVERNANCE CHAIR	2.00 0.00	X		X				0.	0.	0.
(26) MR. RICK CAVENDER TOCQUEVILLE SOCIETY CHAIR	2.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								1,909,436.	0.	268,561.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,909,436.	0.	268,561.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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	
<b>5</b> 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**

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**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	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	4,495,500.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	37,800,747.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		42,296,247.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		874,306.		874,306.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				9,102,064.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	8,364,058.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	738,006.			
<b>d</b>	Net gain or (loss)		738,006.		738,006.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10a</b>					
		<b>10b</b>					
<b>b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		43,908,559.	0.	0.	1612312.	

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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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,572,571.	30,572,571.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	880,067.	446,271.	115,596.	318,200.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,991,891.	3,566,171.	562,707.	1,863,013.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	327,334.	150,196.	53,221.	123,917.
<b>9</b> Other employee benefits	1,121,999.	671,216.	194,219.	256,564.
<b>10</b> Payroll taxes	432,816.	222,549.	59,600.	150,667.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	-190.		-190.	
<b>c</b> Accounting	52,600.	21,000.	31,600.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	165,650.		165,650.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	139,179.	92,930.	46,249.	
<b>12</b> Advertising and promotion	76,458.	27,950.	542.	47,966.
<b>13</b> Office expenses	73,790.	38,744.	12,167.	22,879.
<b>14</b> Information technology	518,019.	369,101.	46,697.	102,221.
<b>15</b> Royalties				
<b>16</b> Occupancy	198,761.	122,143.	36,325.	40,293.
<b>17</b> Travel	15,314.	5,989.	3,163.	6,162.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	64,416.	52,374.	5,228.	6,814.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	776,660.	393,844.	101,976.	280,840.
<b>22</b> Depreciation, depletion, and amortization	160,459.	96,275.	30,488.	33,696.
<b>23</b> Insurance	53,485.	18,433.	28,570.	6,482.
<b>24</b> 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.)				
<b>a</b> <b>PROGRAM SUPPLIES</b>	511,025.	511,025.		
<b>b</b> <b>MISCELLANEOUS</b>	91,986.	41,040.	28,448.	22,498.
<b>c</b> <b>CAMPAIGN EXPENSES</b>	46,437.			46,437.
<b>d</b> <b>WORKERS' COMPENSATION</b>	5,463.	2,900.	1,168.	1,395.
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	42,276,190.	37,422,722.	1,523,424.	3,330,044.
<b>26</b> <b>Joint costs.</b> 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)

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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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	250.	<b>1</b>	250.	
	<b>2</b> Savings and temporary cash investments .....	12,272,883.	<b>2</b>	14,913,734.	
	<b>3</b> Pledges and grants receivable, net .....	11,765,468.	<b>3</b>	13,084,314.	
	<b>4</b> Accounts receivable, net .....	237,209.	<b>4</b>	247,140.	
	<b>5</b> 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 .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	179,172.	<b>9</b>	128,078.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,935,465.			
	<b>b</b> Less: accumulated depreciation .....	2,439,784.			
	<b>11</b> Investments - publicly traded securities .....	46,995,526.	<b>11</b>	39,192,520.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,215,924.	<b>12</b>	2,078,328.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	74,846,616.	<b>16</b>	71,140,045.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,135,029.	<b>17</b>	6,036,937.	
	<b>18</b> Grants payable .....	8,610,441.	<b>18</b>	6,709,204.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,745,470.	<b>26</b>	12,746,141.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	34,590,887.	<b>27</b>	28,157,831.	
	<b>28</b> Net assets with donor restrictions .....	28,510,259.	<b>28</b>	30,236,073.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	63,101,146.	<b>32</b>	58,393,904.	
<b>33</b> Total liabilities and net assets/fund balances .....	74,846,616.	<b>33</b>	71,140,045.		

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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	43,908,559.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,276,190.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,632,369.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,101,146.
5	Net unrealized gains (losses) on investments	5	-6,339,611.
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	58,393,904.

**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 on 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
2b	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	
2c	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	
3b	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	42347884.	38689388.	41021334.	62508056.	42296247.	226862909
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	42347884.	38689388.	41021334.	62508056.	42296247.	226862909
<b>5</b> 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) .....						23640468.
<b>6 Public support.</b> Subtract line 5 from line 4.						203222441

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	42347884.	38689388.	41021334.	62508056.	42296247.	226862909
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	381,980.	469,554.	491,705.	538,156.	874,306.	2755701.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						229618610
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.50	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	88.48	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>		
<b>b</b> Did the activities described on 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>b</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>		

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**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 <b>Adjusted Net Income</b> (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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> 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 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 <b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization <b>UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY</b>	Employer identification number <b>74-1272381</b>
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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	VALERO ENERGY CORPORATION 1 VALERO WAY SAN ANTONIO, TX 78249	\$ 2,101,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED SERVICES AUTOMOBILE ASSOCIATION (USAA) 9800 FREDERICKSBURG ROAD SAN ANTONIO, TX 78288	\$ 1,685,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED SERVICES AUTOMOBILE ASSOCIATION (USAA) FOUNDATION 9800 FREDERICKSBURG ROAD SAN ANTONIO, TX 78288	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	IMPETUS FOUNDATION 4114 POND HILL ROAD, SUITE 201 SAN ANTONIO, TX 78231	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES 701 W. 51ST STREET AUSTIN, TX 78751	\$ 3,444,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TEXAS DEPARTMENT OF HEALTH AND HUMAN SERVICES 4601 W. GUADALUPE STREET AUSTIN, TX 78751	\$ 1,026,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY</b>	Employer identification number <b>74-1272381</b>
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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 <b>UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY</b>	Employer identification number <b>74-1272381</b>
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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

2021

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 modified easements, monitoring policy, staff hours, expenses, and reporting requirements.

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 under FASB ASC 958, with sub-rows for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,292,705.	12,456,648.	11,982,359.	11,316,415.	9,441,155.
b Contributions	37,062.		3,000.	5,847.	1,465,000.
c Net investment earnings, gains, and losses	-1,715,991.	2,836,057.	471,289.	660,097.	410,260.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13,338,776.	15,292,705.	12,456,648.	11,982,359.	11,316,415.

- 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?
- 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		2,351,657.	1,854,123.	497,534.
c Leasehold improvements				
d Equipment		973,115.	585,661.	387,454.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,495,681.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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	30,432,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-6,339,611.	
b	Donated services and use of facilities	2b	326,549.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-6,013,062.	
3	Subtract line 2e from line 1	3	36,445,661.	
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	165,650.	
b	Other (Describe in Part XIII.)	4b	7,297,248.	
c	Add lines 4a and 4b	4c	7,462,898.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,908,559.	

**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	35,139,841.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	326,549.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	326,549.	
3	Subtract line 2e from line 1	3	34,813,292.	
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	165,650.	
b	Other (Describe in Part XIII.)	4b	7,297,248.	
c	Add lines 4a and 4b	4c	7,462,898.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	42,276,190.	

**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, 2022 AND 2021, UWSA DID NOT RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS. TAX YEARS 2021-2019 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 7,297,248

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

DONOR DESIGNATIONS 7,297,248

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALAMO AREA RAPE CRISIS CENTER, THE 4606 CENTERVIEW, SUITE 200 SAN ANTONIO, TX 78228	74-2236387	501(C)3	342,647.	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	5,351.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO COLLEGES FOUNDATION 2222 N. ALAMO ST. SAN ANTONIO, TX 78215	74-2422589	501(C)3	156,665.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL (KLRN) - 501 BROADWAY ST - SAN ANTONIO, TX 78215	74-2461534	501(C)3	169,334.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALPHA HOME, INC. 419 E. MAGNOLIA AVE. SAN ANTONIO, TX 78212	74-1668144	501(C)3	130,311.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN HEART ASSOCIATION, S.A. DIVISION - 7272 GREENVILLE AVENUE - DALLAS, TX 75231	13-5613797	501(C)3	118,266.	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 **▶ 6.**

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

Schedule I (Form 990) 2021



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 noncash 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 1616 E COMMERCE STREET SAN ANTONIO, TX 78205	74-2717029	501(C)3	97,500.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN RED CROSS, S.A. AREA CHAPTER - 431 18TH STREET, NW - WASHINGTON, DC 20006	53-0196605	501(C)3	179,749.	0.			RESTRICTED TO SPECIFIC PROGRAM
ANY BABY CAN OF SAN ANTONIO 217 HOWARD ST. SAN ANTONIO, TX 78212	74-2684333	501(C)3	420,935.	0.			RESTRICTED TO SPECIFIC PROGRAM
ARC OF SAN ANTONIO, THE 13430 WEST AVE SAN ANTONIO, TX 78216	74-1200110	501(C)3	58,597.	0.			RESTRICTED TO SPECIFIC PROGRAM
ASCENSION DEPAUL SERVICES 7607 SOMERSET RD. SAN ANTONIO, TX 78211	74-6106876	501(C)3	68,893.	0.			RESTRICTED TO SPECIFIC PROGRAM
AUTISM COMMUNITY NETWORK 4242 WOODCOCK DR #101 SAN ANTONIO, TX 78228	26-2592058	501(C)3	231,508.	0.			RESTRICTED TO SPECIFIC PROGRAM
AVANCE - SAN ANTONIO, INC. 824 BROADWAY ST STE 204 SAN ANTONIO, TX 78215	74-1769114	501(C)3	626,559.	0.			RESTRICTED TO SPECIFIC PROGRAM
BEXAR COUNTY COMMUNITY HEALTH COLLABRATIVE - 1002 NORTH FLORES - SAN ANTONIO, TX 78212	74-2953076	501(C)3	412,800.	0.			RESTRICTED TO SPECIFIC PROGRAM
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS - 10843 GULFDAL DR. - SAN ANTONIO, TX 78216	74-1897630	501(C)3	352,455.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESSED SACRAMENT ACADEMY 1135 MISSION ROAD SAN ANTONIO, TX 78210	74-1369411	501(C)3	131,437.	0.			RESTRICTED TO SPECIFIC PROGRAM
BLESSING IN A BACKPACK 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	26-1964620	501(C)3	12,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOOKS AND BIBS CHILD CARE AND LEARNING ACADEMY - 3030 E. COMMERCE - SAN ANTONIO, TX 78220			12,612.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYS AND GIRLS CLUB- TEXAS HILL COUNTRY - PO BOX 2307 208 E PARK STREET - FREDERICKSBURG, TX 78264	74-2758055	501(C)3	10,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYS AND GIRLS CLUBS OF SAN ANTONIO - 123 RALPH AVE. - SAN ANTONIO, TX 78204	74-1109637	501(C)3	287,500.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYSVILLE, INC. 8555 E. LOOP 1604 NORTH CONVERSE, TX 78109	74-1207553	501(C)3	567,641.	0.			RESTRICTED TO SPECIFIC PROGRAM
BRIGHTON CENTER 14207 HIGGINS RD. SAN ANTONIO, TX 78217	74-2331826	501(C)3	242,472.	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	1,610,718.	0.			RESTRICTED TO SPECIFIC PROGRAM
CENTER FOR HEALTH CARE SERVICES 6800 PARK TEN BLVD., SUITE 200-S SAN ANTONIO, TX 78213	47-0857847	501(C)3	182,937.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ADVOCATES SAN ANTONIO 1956 S. WW WHITE ROAD SAN ANTONIO, TX 78222	74-2494625	501(C)3	168,051.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)3	47,717.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S BEREAVEMENT CENTER 205 W. OLMOS DR. SAN ANTONIO, TX 78212	74-2828178	501(C)3	136,250.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S HOSPITAL OF SAN ANTONIO PO BOX 1661 SAN ANTONIO, TX 78296	74-1224362	501(C)3	130,091.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S SHELTER, THE 2939 W WOODLAWN SAN ANTONIO, TX 78228	74-1109660	501(C)3	452,741.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDSAFE 3730 IH 10 E SAN ANTONIO, TX 78220	74-2633697	501(C)3	533,632.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTIAN ASSISTANCE MINISTRY 110 MCCULLOUGH AVE. SAN ANTONIO, TX 78215	74-1947967	501(C)3	151,413.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRYSALIS MINISTRIES, INC. 509 SAN PEDRO SAN ANTONIO, TX 78212	74-1914047	501(C)3	269,123.	0.			RESTRICTED TO SPECIFIC PROGRAM
CITY YEAR- SAN ANTONIO LOCATION 287 COLUMBUS AVE. BOSTON, MA 02116	22-2882549	501(C)3	182,000.	0.			RESTRICTED TO SPECIFIC PROGRAM

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CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229	74-1153067	501(C)3	350,197.	0.			RESTRICTED TO SPECIFIC PROGRAM
COLONIAL HILLS UNITED METHODIST 5247 VANCE JACKSON SAN ANTONIO, TX 78230	74-2610528	501(C)3	9,020.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMFORT GOLDEN AGE CENTER 328 HWY 27 COMFORT, TX 78013	74-2501265	501(C)3	8,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMFORT TABLE AND FOOD PANTRY 518 HIGH ST. COMFORT, TX 78013	82-1057344	501(C)3	6,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITIES IN SCHOOLS OF SAN ANTONIO - 1616 E COMMERCE, BLDG 1 - SAN ANTONIO, TX 78205	74-2393714	501(C)3	620,709.	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	70,236.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITY INITIATIVES			839,535.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER 104 GALLERIA FAIR SAN ANTONIO, TX 78232	74-2722226		7,032.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER 13315 NW MILITARY HWY SAN ANTONIO, TX 78231	74-2722224		6,396.	0.			RESTRICTED TO SPECIFIC PROGRAM

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CROSSPOINT, INC. 301 YUCCA ST. SAN ANTONIO, TX 78203	74-6058916	501(C)3	15,100.	0.			RESTRICTED TO SPECIFIC PROGRAM
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DR. HOUSTON, TX 77007	76-0318867	501(C)3	292,534.	0.			RESTRICTED TO SPECIFIC PROGRAM
ELLA AUSTIN COMMUNITY CENTER 1023 N. PINE ST. SAN ANTONIO, TX 78202	74-1166908	501(C)3	66,683.	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	245,895.	0.			RESTRICTED TO SPECIFIC PROGRAM
ENDEAVORS 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	23-7223078	501(C)3	195,162.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY PLACE PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)3	5,400.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO - SAN ANTONIO, TX 78212	74-1117341	501(C)3	2,889,030.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY VIOLENCE PREVENTION SERVICES, INC. - 7911 BROADWAY - SAN ANTONIO, TX 78209	74-1994151	501(C)3	846,354.	0.			RESTRICTED TO SPECIFIC PROGRAM
FOOTHILLS UNITED WAY 1285 CIMARRON DR., STE 101 LAFAYETTE, CO 80026	84-6042598	501(C)3	11,650.	0.			RESTRICTED TO SPECIFIC PROGRAM

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GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP SAN ANTONIO, TX 78216	74-1109759	501(C)3	47,368.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOOD SAMARITAN COMMUNITY SERVICES 1600 SALTILLO SAN ANTONIO, TX 78207	74-1117340	501(C)3	647,200.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOODWILL INDUSTRIES OF SAN ANTONIO 406 W COMMERCE SAN ANTONIO, TX 78207	74-1238444	501(C)3	761,836.	0.			RESTRICTED TO SPECIFIC PROGRAM
GREATER LONGVIEW UNITED WAY PO BOX 411 LONGVIEW, TX 75606	75-0998908	501(C)3	9,066.	0.			RESTRICTED TO SPECIFIC PROGRAM
GREATER RANDOLPH AREA SERVICES PROGRAM, INC. - 250 DONALAN DR. - CONVERSE, TX 78109	74-2353686	501(C)3	112,270.	0.			RESTRICTED TO SPECIFIC PROGRAM
GUADALUPE COUNTY UNITED WAY PO BOX 805 SEGUIN, TX 78156	74-2738713	501(C)3	40,182.	0.			RESTRICTED TO SPECIFIC PROGRAM
GUARDIAN HOUSE 1818 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2780384	501(C)3	50,391.	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	1,437,221.	0.			RESTRICTED TO SPECIFIC PROGRAM
HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)3	444,473.	0.			RESTRICTED TO SPECIFIC PROGRAM

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HIGHLANDS LEARNING ACADEMY 3314 S. GEVERS SAN ANTONIO, TX 78210	82-3759237		13,738.	0.			RESTRICTED TO SPECIFIC PROGRAM
HILL COUNTRY FAMILY SERVICES 114 W ADVOGT ST. BOERNE, TX 78006	74-2425029	501(C)3	17,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
HILL COUNTRY MISSION FOR HEALTH 122 COMMERCE AVE BOERNE, TX 78006	48-1262832	501(C)3	16,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
HILL COUNTRY PREGNANCY CARE CENTER PO BOX 205 439 FABRA ST BOERNE, TX 78006	74-2470532	501(C)3	27,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
HILL COUNTY DAILY BREAD 38 CASCADE CAVERNS RD. BOERNE, TX 78006	30-0148195	501(C)3	10,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
JEFFERSON AREA COMMUNITY OUTREACH FOR OLDER PEOPLE - 2201 ST. CLOUD - SAN ANTONIO, TX 78228	74-2345987	501(C)3	9,525.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - FORT SAM HOUSTON YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	150,276.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - LACKLAND YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	75,386.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - RANDOLPH YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	75,318.	0.			RESTRICTED TO SPECIFIC PROGRAM

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KENDALL COUNTY WOMEN'S SHELTER PO BOX 1087 BOERNE, TX 78006	20-2952146	501(C)3	9,016.	0.			RESTRICTED TO SPECIFIC PROGRAM
KERR COUNTY UNITED WAY PO BOX 290561 KERRVILLE, TX 78029	74-1475945	501(C)3	24,533.	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	8,890.	0.			RESTRICTED TO SPECIFIC PROGRAM
MADONNA NEIGHBORHOOD CENTER 1906 CASTROVILLE SAN ANTONIO, TX 78237	74-1143119	501(C)3	332,539.	0.			RESTRICTED TO SPECIFIC PROGRAM
MEALS ON WHEELS 2718 DANBURY SAN ANTONIO, TX 78217	74-1948646	501(C)3	235,436.	0.			RESTRICTED TO SPECIFIC PROGRAM
METRO UNITED WAY, INC. 334 E. BROADWAY LOUISVILLE, KY 40202	61-0444680	501(C)3	11,305.	0.			RESTRICTED TO SPECIFIC PROGRAM
MILE HIGH UNITED WAY, INC. 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)3	11,224.	0.			RESTRICTED TO SPECIFIC PROGRAM
MILLER CHILD DEVELOPMENT CENTER 102 S MEL WAITERS WAY SAN ANTONIO, TX 78203	74-6156076	501(C)3	26,678.	0.			RESTRICTED TO SPECIFIC PROGRAM
MISSION ROAD MINISTRIES 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-2958552	501(C)3	343,193.	0.			RESTRICTED TO SPECIFIC PROGRAM

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NORTHEAST SENIOR ASSISTANCE (NESA) 2903 NACOGDOCHES RD. SAN ANTONIO, TX 78217	74-2405293	501(C)3	6,433.	0.			RESTRICTED TO SPECIFIC PROGRAM
PIKES PEAK UNITED WAY 58 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799	501(C)3	22,555.	0.			RESTRICTED TO SPECIFIC PROGRAM
POPPYS KIDDY CAMPUS 200 BRIGGS AVE. SAN ANTONIO, TX 78211	74-2511995		5,790.	0.			RESTRICTED TO SPECIFIC PROGRAM
PRESA COMMUNITY CENTER 3721 S. PRESA STREET SAN ANTONIO, TX 78210	74-1902249	501(C)3	231,047.	0.			RESTRICTED TO SPECIFIC PROGRAM
RAINBOW SENIOR CENTER 17 OLD SAN ANTONIO ROAD BOERNE, TX 78006	74-2323883	501(C)3	15,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESPITE CARE OF SAN ANTONIO INCORPORATED - PO BOX 12633 - SAN ANTONIO, TX 78212	74-2467770	501(C)3	135,521.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESTORE EDUCATION PO BOX 692338 SAN ANTONIO, TX 78269	26-2966263	501(C)3	633,937.	0.			RESTRICTED TO SPECIFIC PROGRAM
RIDE CONNECT TEXAS (FORMERLY SWOOP) - 517 SW MILITAR DR. - SAN ANTONIO, TX 78221	45-5521039	501(C)3	5,205.	0.			RESTRICTED TO SPECIFIC PROGRAM
RISE RECOVERY 2803 MOSSROCK SAN ANTONIO, TX 78230	74-2216041	501(C)3	468,582.	0.			RESTRICTED TO SPECIFIC PROGRAM

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ROY MASS' YOUTH ALTERNATIVES, INC. 3103 WEST AVE. SAN ANTONIO, TX 78213	68-0554438	501(C)3	320,754.	0.			RESTRICTED TO SPECIFIC PROGRAM
ROZELLE DBA NEW KIDS ON THE BLOCK 623 S. WW WHITE ROAD SAN ANTONIO, TX 78220	26-4289113		42,602.	0.			RESTRICTED TO SPECIFIC PROGRAM
SA CHRISTIAN HOPE RESOURCE CENTER 321 N GENERAL MCMULLEN DR SAN ANTONIO, TX 78237	74-2989365	501(C)3	116,375.	0.			RESTRICTED TO SPECIFIC PROGRAM
SA YOUTH PO BOX 7844 SAN ANTONIO, TX 78207	74-2333088	501(C)3	7,850.	0.			RESTRICTED TO SPECIFIC PROGRAM
SALVATION ARMY, THE 521 W. ELMIRA ST SAN ANTONIO, TX 78212	22-2406433	501(C)3	581,561.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAMMINISTRIES 1919 NW LOOP 410, STE 100 SAN ANTONIO, TX 78213	74-2285793	501(C)3	131,276.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAM'S KIDS STUDENT FOUNDATION 235 JOHNS RD BOERNE, TX 78006	20-4915235	501(C)3	25,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET SAN ANTONIO, TX 78208	74-2427853	501(C)3	52,270.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO AREA FOUNDATION 303 PEARL PKWY STE 114 SAN ANTONIO, TX 78215	74-1109731	501(C)3	284,792.	0.			RESTRICTED TO SPECIFIC PROGRAM

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SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS - SOUTH TEXAS CENTRE ATT BLDG 7500 US - SAN ANTONIO, TX 78227	74-1340188	501(C)3	22,849.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO FOOD BANK 5200 ENRIQUE M. BARRERA PARKWAY SAN ANTONIO, TX 78227	74-2122979	501(C)3	1,537,101.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO GROWTH FOR THE EASTSIDE - 220 CHESTNUT ST. - SAN ANTONIO, TX 78202	74-2876270	501(C)3	16,786.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO LIFETIME RECOVERY, INC. - PO BOX 5968 - SAN ANTONIO, TX 78201	74-1540097	501(C)3	184,395.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO PUBLIC LIBRARY 625 SHOOK AVENUE SAN ANTONIO, TX 78212	74-2283582	501(C)3	40,463.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO SPORTS PO BOX 830386 SAN ANTONIO, TX 78283	74-2471362	501(C)3	22,627.	0.			RESTRICTED TO SPECIFIC PROGRAM
SETON HOME 1115 MISSION RD SAN ANTONIO, TX 78210	74-2247996	501(C)3	95,843.	0.			RESTRICTED TO SPECIFIC PROGRAM
ST. PAUL LUTHERAN CHILD DEVELOPMENT CENTER - 2302 S. PRESA - SAN ANTONIO, TX 78210	74-2219636	501(C)3	417,968.	0.			RESTRICTED TO SPECIFIC PROGRAM
ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)3	143,557.	0.			RESTRICTED TO SPECIFIC PROGRAM

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TEXAS DIAPER BANK 1803 GRANDSTAND DR., STE 150 SAN ANTONIO, TX 78238	74-2886380	501(C)3	31,139.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE UNITED WAY OF CENTRAL TEXAS, INC. - PO BOX 1312 - TEMPLE, TX 76503	74-2575728	501(C)3	6,570.	0.			RESTRICTED TO SPECIFIC PROGRAM
THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DR., SUITE 4078 SAN ANTONIO, TX 78229	26-0371270	501(C)3	57,630.	0.			RESTRICTED TO SPECIFIC PROGRAM
U.S.O. COUNCIL OF SAN ANTONIO 420 EAST COMMERCE STREET SAN ANTONIO, TX 78205	74-1315272	501(C)3	60,362.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE ROAD, 5TH FLO AUSTIN, TX 78752	74-1193439	501(C)3	47,323.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL GEORGIA, INC. - 277 MLK JR BLVD W, STE 301 - MACON, GA 31202	58-0639811	501(C)3	13,747.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVD STE 340 BALTIMORE, MD 21230	52-0591543	501(C)3	10,093.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL OKLAHOMA, INC. - 1444 NW 28TH STREET - OKLAHOMA CITY, OK 73106	73-0589829	501(C)3	5,058.	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	194,300.	0.			RESTRICTED TO SPECIFIC PROGRAM

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UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LN DENTON, TX 76205	75-1251128	501(C)3	15,063.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER ATLANTA 40 COURTLAND ST ATLANTA, GA 30303	58-0566194	501(C)3	26,379.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER HIGH POINT, INC - 815 PHILLIPS AVENUE - HIGH POINT, NC 27262	56-0547486	501(C)3	5,128.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR. HOUSTON, TX 77007	74-1167964	501(C)3	55,187.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER KANSAS CITY 801 W. 47TH ST., SUITE 500 KANSAS CITY, MO 64112	44-0545812	501(C)3	5,007.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER NASHVILLE 250 VENTURA CIRCLE NASHVILLE, TN 37228	62-0533104	501(C)3	5,822.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF HAYS COUNTY PO BOX 1728 SAN MARCOS, TX 78667	74-2257167	501(C)3	12,064.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF JOHNSON COUNTY PO BOX 31 CLEBURNE, TX 76033	75-1101239	501(C)3	8,027.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF LAREDO, INC. 1815 E HILLSIDE RD LAREDO, TX 78041	74-1543862	501(C)3	6,779.	0.			RESTRICTED TO SPECIFIC PROGRAM

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UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE, 30TH FLOOR CHICAGO, IL 60604	30-0200478	501(C)3	5,630.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N. LAMAR - DALLAS, TX 75202	75-6005352	501(C)3	89,444.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF ORANGE COUNTY CA 18012 MITCHELL SOUTH IRVINE, CA 92614	33-0047994	501(C)3	6,062.	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	17,212.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF SOUTH TEXAS 113 W. PECAN BLVD MCALLEN, TX 78501	74-2052527	501(C)3	23,223.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	72-0471369	501(C)3	100,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF ST. CHARLES 1315 HIGHWAY 90 BOUTTE, LA 70039	72-0928066	501(C)3	50,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF TARRANT COUNTY 201 N RUPERT ST SUITE 107 FORT WORTH, TX 76107	75-0858360	501(C)3	24,734.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF THE COASTAL BEND 4659 EVERHART ROAD CORPUS CHRISTI, TX 78411	74-1207552	501(C)3	20,966.	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 noncash 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 MIDLANDS 2201 FARNAM ST., SUITE 200 OMAHA, NE 68102	47-0376605	501(C)3	18,950.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1557 SPRINGHILL ROAD SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)3	5,005.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WACO-MCLENNAN COUNTY PO BOX 7634 WACO, TX 76714	74-1189027	501(C)3	16,899.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WEST ELLIS COUNTY 717 W. MAIN STREET MIDLOTHIAN, TX 76065	75-6002917	501(C)3	5,868.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY SCOTTSBLUFF, NE 69361	47-0424788	501(C)3	5,689.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WILLIAMSON COUNTY 1111 N. IH-35, SUITE 220 ROUND ROCK, TX 78664	23-7396732	501(C)3	14,324.	0.			RESTRICTED TO SPECIFIC PROGRAM
URBAN STRATEGIES 100 N. BROADWAY, SUITE 1110 SAINT LOUIS, MO 63102	43-1141027	501(C)3	178,768.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER SAN ANTONIO - 16103 HENDERSON PASS - SAN ANTONIO, TX 78232	74-1109634	501(C)3	1,323,813.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE RD - SAN ANTONIO, TX 78237	74-1143135	501(C)3	649,272.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

**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

**2021**

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](http://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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 FORMER VICE CHAIR	(i)	406,913.	0.	0.	26,100.	1,837.	434,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. CHRISTOPHER MARTIN PRESIDENT & CEO	(i)	349,245.	0.	0.	26,100.	14,297.	389,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. GLENN LUCADOU CHIEF DEVELOPMENT OFFICER	(i)	190,769.	0.	0.	17,730.	23,864.	232,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. MARY ELLEN BURNS FORMER SVP, GRANT IMPLEMENTATION	(i)	183,770.	0.	0.	16,877.	22,237.	222,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. EDWARD H. GUERRA FORMER EVP, CFO	(i)	182,711.	0.	0.	16,493.	13,975.	213,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. LINDA GARZA SVP, CORPORATE CAMPAIGNS	(i)	171,080.	0.	0.	15,550.	15,928.	202,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MS. LADY ROMANO SVP, COMMUNITY IMPACT	(i)	147,116.	0.	0.	12,942.	15,619.	175,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MR. ANDREW SASSEVILLE SVP, ACCOUNTABILITY & COMMUNITY SERV	(i)	135,375.	0.	0.	12,096.	2,854.	150,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID BOHNE	COMMUNITY CAMPAIGN	15,648,271.	ASSET MANAG		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID BOHNE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMUNITY CAMPAIGN CHAIR/BOARD MEMBER AND PRESIDENT OF BROADWAY BANK

(D) DESCRIPTION OF TRANSACTION: ASSET MANAGEMENT

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 THE LARGEST PRIVATE HEALTH AND HUMAN SERVICES ORGANIZATION IN BEXAR COUNTY. AS A LOCALLY AND NATIONALLY RESPECTED NONPROFIT, OUR GOALS FOCUS ON 1) CHILDREN WHO ARE HAPPY, HEALTHY, AND READY FOR SCHOOL, 2) STUDENTS WHO GRADUATE FROM HIGH SCHOOL AND BECOME SUCCESSFUL ADULTS, 3) SELF-SUFFICIENT INDIVIDUALS AND FAMILIES, AND 4) 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 6/30/22, MORE THAN 1,063,900 PEOPLE RECEIVED HELP THROUGH UWSA. 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 COMMUNITY FUNDRAISING CAMPAIGN. IN 2021, \$47,975,739 WAS RAISED AND INVESTMENTS WERE MADE IN HIGH-QUALITY, OUTCOMES-DRIVEN PROGRAMS, DIRECT-SERVICE PROVIDERS, AND PUBLIC-POLICY INITIATIVES. FOR FY22, WE ALSO WERE AWARDED AND MANAGED \$6.0 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

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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THE FORCE THAT HELPS UWSA ACHIEVE ITS MISSION.

UWSA RECEIVED A 3-STAR RATING FROM CHARITY NAVIGATOR. UWSA HAS ALSO EARNED THE 2022 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.

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 FY22, 14,161 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



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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 FY22, 522 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 FY22, APPROXIMATELY 7,516 SCHOOL

AGE CHILDREN THROUGH AGE 24 AND THEIR CAREGIVERS RECEIVED SERVICES IN

THE AREAS OF ACADEMIC, 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 FY22, A TOTAL OF 20,272 INDIVIDUALS RECEIVED SERVICES FOCUSED ON PROVIDING EDUCATION AND WORKFORCE DEVELOPMENT AND DECREASING FAMILY VIOLENCE. SERVICES INCLUDED EMPLOYMENT TRAINING, HEALTH/MENTAL HEALTH, SUBSTANCE ABUSE, FINANCIAL LITERACY, AND COUNSELING PROGRAMS. ADDITIONALLY, 26 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 ASSETS FOR FINANCIAL STABILITY, VITA OFFERS FREE INCOME TAX PREPARATION TO INDIVIDUALS AND HOUSEHOLDS WHO EARNED UP TO \$55,000 FOR THE 2021 TAX YEAR. THE PROGRAM IS A SAFE ALTERNATIVE TO COSTLY, AND OFTEN PREDATORY, TAX PREPARATION SERVICES. WORKING IN VITA SITES THROUGHOUT THE CITY, 329 TRAINED AND IRS-CERTIFIED VOLUNTEERS PREPARED 24,664 RETURNS RESULTING IN \$5.5 MILLION SAVINGS IN TAX PREPARATION FEES. \$39,041,388 WAS REFUNDED TO LOCAL FILERS AND \$12.3 MILLION IN EARNED INCOME TAX CREDIT (EITC) WENT BACK TO 7,305 TAXPAYERS.

SAFETY NET: UWSA'S INVESTMENTS IN A "SAFETY NET" OF EMERGENCY/DISASTER CARE SERVICES ENSURES RESIDENTS ARE SAFE AND ABLE TO MEET THEIR IMMEDIATE, URGENT NEEDS TO ACHIEVE THEIR FULL POTENTIAL. COMMUNITY INDICATORS FOR SUCCESS INCLUDE POVERTY, FOOD INSECURITY AND HOUSING INSECURITY. IN 2022, 1,032,682 LIVES WERE IMPACTED; 49,904 WERE PROVIDED EMERGENCY CLOTHING, 961,810 RECEIVED FOOD BAGS OR BOXES, 6,497 WERE PROVIDED UTILITY ASSISTANCE, AND 14,471 PEOPLE WERE GIVEN SHELTER, CRISIS AND DISASTER SERVICES.

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EMERGENCY FOOD AND SHELTER PROGRAM (EFSP): EFSP IS A RESTRICTED FEDERAL 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 \$7.7 MILLION IN FEDERAL FUNDS IN OUR COMMUNITY DURING THE FISCAL YEAR: PHASES 39, ARPA-R, AND TWO SPECIAL SUPPLEMENTAL APPROPRIATIONS FOR HUMANITARIAN RELIEF FUNDING.

THE EFSP BEXAR COUNTY LOCAL BOARD WAS AWARDED DIRECT FUNDS TOTALING \$3,285,609: \$803,177 FOR PHASE 39 AND \$2,482,432 FOR PHASE ARPA-R. THE EFSP BEXAR COUNTY LOCAL BOARD WAS AWARDED \$4,454,060 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 2022, 217 HOUSEHOLDS WITH CHILDREN AGES 0 TO 10 WERE ACTIVELY ENGAGED IN SECURING SERVICES AND/OR SUPPORT FOR

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THEIR FAMILIES; 148 ADULTS IN THESE HOUSEHOLDS WERE IN AN EDUCATION AND/OR WORKFORCE TRAINING PROGRAM WITH 19% COMPLETING. THE DUAL GENERATION INITIATIVE SUPPORTED 257 CHILDREN WITH QUALITY CHILD DEVELOPMENT AND/OR OUT OF SCHOOL TIME SERVICES.

NATIONAL PHILANTHROPIC TRUST DUAL GENERATION EXPANSION: IN FY22, WITH THE INVESTMENT AWARDED TO UWSA BY THE NATIONAL PHILANTHROPIC TRUST IN FY21, THE DUAL GENERATION COMPLETED THE FIRST YEAR OF AN EXPANSION OF SERVICES TO THE WESTSIDE OF SAN ANTONIO, AND ADDED ADDITIONAL PARTNERS TO THE INITIATIVE.

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 THAT CONCLUDES ON DECEMBER 31, 2023. THE GRANT FOCUSES ON A TWO-GENERATION APPROACH TO FINANCIALLY STABILIZING FAMILIES. IN NOVEMBER OF 2022, THE INITIATIVE RECEIVED A ONE-YEAR EXPANSION OF FUNDS IN THE AMOUNT OF \$100,000 TO SUPPORT THE INITIATIVE'S WORK. THE EXPANDED FUNDS WILL ALSO CONCLUDE DECEMBER 31, 2023.

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

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COLLABORATION WITH NINE AGENCIES THAT COLLECTIVELY SERVED 467 FAMILIES; AND CONNECTED 487 FAMILIES WITH SUPPORT SERVICES; AND PROVIDED 121 DEVELOPMENTALLY APPROPRIATE TEXT MESSAGES TO 2,601 PARENTS.

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 FY22, 151 FAMILIES WERE SERVED, AND AN ADDITIONAL 467 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 FY22, OUR 2-1-1 HELP LINE HANDLED 2,799 CALLS RELATED TO CHILDCARE, YIELDING A TOTAL OF 2,687 REFERRALS 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

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20-INCH BOX FANS. IN FY22, OUR 2-1-1 HELP LINE HANDLED 673 CALLERS YIELDING 606 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 FY22, 591 CALLERS MADE INQUIRIES YIELDING 573 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 FY22, WE ASSISTED 2,839 CALLERS FROM MIDDLE RIO GRANDE AND 1,591 CALLERS FROM GOLDEN CRESCENT, FOR A TOTAL OF 4,430 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 FY22, MISSION UNITED RECEIVED OVER 5,220 MILITARY CALLS THROUGH OUR 2-1-1 HELP LINE. IN ADDITION, MISSION UNITED CONDUCTED OVER 467 FOLLOW-UP CALLS CONNECTING ACTIVE-DUTY SERVICE MEMBERS, RESERVISTS, VETERANS, AND THEIR FAMILIES TO VITAL COMMUNITY RESOURCES.

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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. THE LABOR LIAISON TEAM ALSO WORKS ON DISASTER RELIEF EFFORTS AND, WHEN AVAILABLE, IS CALLED TO COORDINATE WITH THE LABOR UNIONS AFFECTED.

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

IN FY22, WOMEN UNITED WAS COMPRISED OF OVER 3,370 MEMBERS AND SUPPORTED 51 FAMILIES, INCLUDING 74 CHILDREN, THROUGH THE UNITED WAY CHILD CARE SCHOLARSHIPS. TEN SCHOLARS GRADUATED WITH A DEGREE OR JOB CERTIFICATION IN FY22 AND SIXTEEN NEW FAMILIES JOINED THE PROGRAM.

EMERGING LEADERS: FOUNDED IN 2014, UWSA'S EMERGING LEADERS 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 FY22, EMERGING LEADERS HAD OVER 1,600 MEMBERS AND 120 VOLUNTEERS LOGGED 500+ VOLUNTEER HOURS AT FOUR (4) VIRTUAL AND IN-PERSON COMMUNITY EVENTS. ADDITIONALLY, VOLUNTEERS COLLECTED 350 BOOKS, DISTRIBUTED OVER 12,500 POUNDS OF FOOD, AND DONATED 150 COATS FOR FAMILIES IN NEED.

THE UWSA VOLUNTEER CENTER: BEXAR COUNTY'S LARGEST RESOURCE DEVOTED SOLELY TO THE PROMOTION AND NURTURING OF VOLUNTEERISM AND COMMUNITY

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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.

SHOEBOX PROJECT: UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY'S 8TH ANNUAL SHOEBOX PROJECT WAS A TREMENDOUS SUCCESS WITH OVER 7,000 SHOEBOXES FULL OF EVERYDAY TOILETRIES DELIVERED TO PEOPLE IN NEED. THE PROJECT AIMS TO PROVIDE SHOEBOXES FILLED WITH BASIC COMFORTS LIKE SOAP, SHAMPOO, TOOTHPASTE AND OTHER PERSONAL-CARE ITEMS TO THOSE IN NEED LOCALLY. THE CAMPAIGN RAN FROM MARCH 1 TO APRIL 29 AND HAD MORE THAN 350 VOLUNTEERS, 51 LOCAL AGENCIES SIGNED UP TO DISTRIBUTE BOXES TO THEIR CLIENTS AND OVER 7,000 TOTAL SHOEBOXES GIVEN OUT.

WRITE START: THE 5TH ANNUAL WRITE START PROJECT IS A SCHOOL SUPPLY DRIVE BY UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY BENEFITING OUR LOCAL EDUCATORS. EACH YEAR OUR COMMUNITY UNITES TO SHOW TEACHERS OUR APPRECIATION FOR EVERYTHING THAT THEY DO FOR OUR CHILDREN. ON AUGUST 13, UNITED WAY VOLUNTEERS ASSEMBLED MORE THAN 2,000 BAGS OF SCHOOL SUPPLIES AND DELIVERED THEM ON AUGUST 15 TO THOUSANDS OF GRATEFUL EDUCATORS IN TWO LOCAL SCHOOL DISTRICTS.

BEXAR NECESSITIES: AN "ELECTRONIC BULLETIN BOARD" ALLOWING NONPROFIT AGENCIES TO POST REQUESTS FOR DIFFICULT-TO-LOCATE RESOURCES AND ACCESS



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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 2021, THERE WERE APPROXIMATELY 2,239 MEMBERS, 241 OF WHICH WERE ADDED DURING THE 2022 YEAR, BRINGING OUR TOTAL TO 2,480 TO DATE.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS OF THE ORGANIZATION WERE REVISED IN JUNE 2021 TO RESTRUCTURE THE BOARD OF DIRECTORS AND THE ASSOCIATED COMMITTEES OF THE BOARD.

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

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ANNUALLY BY THE DIVERSITY AND HUMAN RESOURCES COMMITTEE AND SUBSEQUENTLY THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST PERFORMED IN DECEMBER 2021.

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:

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 \$48,076,208 AND TOTAL MANAGEMENT AND FUNDRAISING EXPENSES ARE \$4,853,467, RESULTING IN A CONSOLIDATING OPERATING EXPENSE RATIO OF 10.10%.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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) 2021



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	B	3,000,000.	FMV
(2) SEE PART VII	C	275,000.	FMV
(3) SEE PART VII	L	0.	NOT MEASURED
(4) SEE PART VII	N	0.	NOT MEASURED
(5) SEE PART VII	O	0.	NOT MEASURED
(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, 3, 4 AND 5:

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