

# Return of Organization Exempt From Income Tax

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY</b>	<b>D</b> Employer identification number <b>74-1272381</b>
Address change Name change Initial return Final return/terminated Amended return Application pending	Doing business as	<b>E</b> Telephone number <b>(210) 352-7000</b>
	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 SAME AS C ABOVE</b>	
	<b>G</b> Gross receipts \$ <b>51,082,300.</b>	
	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
	<b>H(b)</b> Are all subordinates included? Yes 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) 501(c) ( ) (insert no.) 4947(a)(1) or 527	
	<b>J</b> Website: <b>WWW.UWSATX.ORG</b>	
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association 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 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 2022 (Part V, line 2a)	<b>5</b>	<b>129</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5174</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> <b>42,296,247.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,612,312.</b>	<b>1,305,618.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>43,908,559.</b>	<b>46,516,828.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>30,572,571.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>8,754,107.</b>	<b>8,978,162.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>3,443,736.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,949,512.</b>	<b>2,951,590.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>42,276,190.</b>	<b>43,475,045.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,632,369.</b>	<b>3,041,783.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>71,140,045.</b>	<b>End of Year</b> <b>76,883,778.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>12,746,141.</b>	<b>13,201,110.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>58,393,904.</b>	<b>63,682,668.</b>

**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>	Electronically filed on 4/24/2024	4/24/2024
	Signature of officer	Date
	<b>RYAN BOUBEL, CFO</b>	
	Type or print name and title	
<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>04/23/24</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, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

**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 \$ 36,704,548. including grants of \$ 31,223,856. ) (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 \$ 1,422,777. 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 2023, 2-1-1 HANDLED 176,782 CALLERS/WEBSITE VISITORS. TOP CALLER NEEDS INCLUDED UTILITY ASSISTANCE, FOOD INSECURITY, AND RENT ASSISTANCE.

SEE SCHEDULE O FOR CONTINUATION

4c (Code: ) (Expenses \$ 337,713. including grants of \$ 321,437. ) (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. IN FY23, WOMEN UNITED WAS COMPROMISED OF MORE THAN 3,100 MEMBERS. THIS MEMBERSHIP GROUP ALSO FUNDS ITS SIGNATURE CAUSE, UNITED WAY CHILD CARE SCHOLARSHIPS, WHICH MAKE QUALITY CHILD CARE ACCESSIBLE AND AFFORDABLE FOR PARENTS COMPLETING DEGREES OR JOB CERTIFICATIONS.

SEE SCHEDULE O FOR CONTINUATION

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

4e Total program service expenses 38,465,038.

**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> .....	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....	<input checked="" type="checkbox"/>	
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> .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<input checked="" type="checkbox"/>
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> .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
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> .....	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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 .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
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> .....	<input checked="" type="checkbox"/>	

**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>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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<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? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<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? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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		
	1b 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>10b</b>			
<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>12c</b>			
<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?		
<b>16b</b>			

**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, box 6 of 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. CHRISTOPHER MARTIN PRESIDENT & CEO	38.00 2.00			X			380,236.	0.	44,003.	
(2) MR. GLENN LUCADOU CHIEF DEVELOPMENT OFFICER	38.00 2.00			X			198,408.	0.	42,644.	
(3) MR. RYAN BOUBEL CHIEF FINANCIAL OFFICER	38.00 2.00			X			192,273.	0.	25,558.	
(4) MS. LINDA GARZA SVP, CORPORATE CAMPAIGNS	40.00 0.00					X	179,566.	0.	32,714.	
(5) MS. LADY ROMANO SVP, COMMUNITY IMPACT	40.00 0.00					X	153,865.	0.	29,773.	
(6) MS. JENIFFER RICHARDSON SVP, STRATEGIC INITIATIVES & PUBLIC	40.00 0.00					X	141,677.	0.	21,520.	
(7) MS. KASI MCCORMICK VP, INDIVIDUAL GIVING AND MAJOR GIFT	40.00 0.00					X	127,985.	0.	27,718.	
(8) MR. ANDREW SASSEVILLE SVP, ACCOUNTABILITY & COMMUNITY SERV	40.00 0.00					X	139,556.	0.	12,957.	
(9) MS. LISA A. FRIEL BOARD CHAIR AND NOMINATING & GOVERNA	8.00 2.00	X		X			0.	0.	0.	
(10) MR. L. HERBERT STUMBERG JR. BOARD SECRETARY	2.00 0.00	X		X			0.	0.	0.	
(11) MS. MARIA D. VILLAGOMEZ BOARD TREASURER & FINANCE CHAIR	2.00 0.00	X		X			0.	0.	0.	
(12) MR. CHARLES E. AMATO ENDOWMENT & LEGACY FUND COMMITTEE CH	2.00 2.00	X		X			0.	0.	0.	
(13) MS. MARY ROSE BROWN RESOURCE DEVELOPMENT & COMMUNITY ENG	2.00 0.00	X		X			0.	0.	0.	
(14) MS. LAURA J. VACCARO DIVERSITY & HUMAN RESOURCES CHAIR	2.00 0.00	X		X			0.	0.	0.	
(15) MR. R. RENE ESCOBEDO AUDIT & ETHICS CHAIR	2.00 2.00	X		X			0.	0.	0.	
(16) MR. DAVID BOHNE IMMEDIATE PAST CAMPAIGN CHAIR	2.00 0.00	X		X			0.	0.	0.	
(17) MR. JOHN B. ZACHRY COMMUNITY CAMPAIGN CHAIR	2.00 0.00	X		X			0.	0.	0.	

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

Form 990 (2022)

74-1272381 Page **8**

**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. ADAM L. HAMILTON, P.E. CAMPAIGN CHAIR ELECT	2.00 0.00	X		X				0.	0.	0.
(19) MS. PEGGY WALKER MEMBER-AT-LARGE	2.00 0.00	X		X				0.	0.	0.
(20) MR. JONATHAN GURWITZ PUBLIC POLICY CHAIR & BOARD VICE CHA	2.00 0.00	X		X				0.	0.	0.
(21) GEN EDWARD RICE, JR., USAF (RET) COMMUNITY IMPACT CHAIR	2.00 0.00	X		X				0.	0.	0.
(22) MS. VICTORIA M. GARCIA STRATEGY & GOVERNANCE CHAIR	2.00 0.00	X		X				0.	0.	0.
(23) MR. RICK CAVENDER TOCQUEVILLE SOCIETY CHAIR	2.00 0.00	X		X				0.	0.	0.
(24) MS. LINDA CHAVEZ-THOMPSON LABOR CHAIR	2.00 0.00	X		X				0.	0.	0.
(25) MR. KEVIN L. MATULA EMERGING LEADERS CHAIR	2.00 0.00	X		X				0.	0.	0.
(26) MS. BRANDY RALTON-LINT WOMEN UNITED CHAIR	2.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								1,513,566.	0.	236,887.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,513,566.	0.	236,887.

**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 16

	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**

Form **990** (2022)

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

Form 990

74-1272381

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. CARLOS E. ALVAREZ MEMBER-AT-LARGE	2.00 2.00	X						0.	0.	0.
(28) MR. TOM CUMMINS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(29) MR. PETER J. HOLT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(30) MS. MELISSA JACKSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(31) REV. KENNETH R. KEMP, M.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(32) MR. BRANDON A. LOGAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(33) MR. THOMAS M. MENGLER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(34) MR. ASHWIN NATHAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(35) MR. GILBERT F. VAZQUEZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(36) MR. MIKE FLORES MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(37) MR. CASEY HEVERLING MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(38) MS. JELYNNE LEBLANC JAMISON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(39) MR. OLIVER LEE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(40) MR. BRIAN T. WOODS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

Form 990 (2022)

74-1272381 Page 9

**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>	6,029,969.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	39,181,241.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			45,211,210.			
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 Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,459,855.			1459855.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(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	<b>7a</b>	(i) Securities	4,411,235.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	4,565,472.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-154,237.				
	<b>d</b> Net gain or (loss)			-154,237.		-154,237.	
<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>b</b> Less: cost of goods sold	<b>10b</b>						
<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 Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			46,516,828.	0.	0.	1305618.	

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

Form 990 (2022)

74-1272381 Page **10**

**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	31,545,293.	31,545,293.		
<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	889,862.	432,572.	123,122.	334,168.
<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	6,250,211.	3,718,619.	599,304.	1,932,288.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	286,602.	107,922.	58,037.	120,643.
<b>9</b> Other employee benefits	1,145,664.	693,794.	192,695.	259,175.
<b>10</b> Payroll taxes	405,823.	189,022.	59,722.	157,079.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,444.		2,444.	
<b>c</b> Accounting	54,526.	21,000.	33,526.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	150,683.		150,683.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	386,110.	307,170.	74,738.	4,202.
<b>12</b> Advertising and promotion	69,102.	44,316.	6,508.	18,278.
<b>13</b> Office expenses	108,104.	50,142.	12,997.	44,965.
<b>14</b> Information technology	419,684.	195,425.	56,921.	167,338.
<b>15</b> Royalties				
<b>16</b> Occupancy	206,387.	134,726.	31,485.	40,176.
<b>17</b> Travel	27,109.	11,244.	4,000.	11,865.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	163,426.	128,271.	14,398.	20,757.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	528,497.	256,902.	73,144.	198,451.
<b>22</b> Depreciation, depletion, and amortization	201,816.	126,942.	32,896.	41,978.
<b>23</b> Insurance	62,427.	17,125.	39,639.	5,663.
<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>	426,474.	426,474.		
<b>b</b> <b>MISCELLANEOUS</b>	75,609.	55,890.	-941.	20,660.
<b>c</b> <b>CAMPAIGN EXPENSES</b>	64,888.			64,888.
<b>d</b> <b>WORKERS' COMPENSATION</b>	4,304.	2,189.	953.	1,162.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	43,475,045.	38,465,038.	1,566,271.	3,443,736.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

Form 990 (2022)

74-1272381 Page 11

**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 .....	14,913,734.	<b>2</b>	12,602,817.	
	<b>3</b> Pledges and grants receivable, net .....	13,084,314.	<b>3</b>	14,659,838.	
	<b>4</b> Accounts receivable, net .....	247,140.	<b>4</b>	83,194.	
	<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 .....	128,078.	<b>9</b>	176,292.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,949,182.			
	<b>b</b> Less: accumulated depreciation .....	2,541,665.			
	<b>11</b> Investments - publicly traded securities .....	1,495,681.	<b>10c</b>	1,407,517.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	39,192,520.	<b>11</b>	45,757,911.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,078,328.	<b>12</b>	2,195,959.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	71,140,045.	<b>15</b>	76,883,778.		
<b>17</b> Accounts payable and accrued expenses .....	6,036,937.	<b>16</b>	76,883,778.		
<b>18</b> Grants payable .....	6,709,204.	<b>17</b>	5,921,783.		
<b>19</b> Deferred revenue .....		<b>18</b>	7,279,327.		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>			
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</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>21</b>			
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>			
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</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>24</b>			
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,746,141.	<b>25</b>	13,201,110.		
<b>27</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 .....	28,157,831.	<b>26</b>	13,201,110.		
<b>28</b> Net assets with donor restrictions .....	30,236,073.	<b>27</b>	33,142,801.		
<b>29</b> <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>28</b>	30,539,867.		
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>			
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>			
<b>32</b> Total net assets or fund balances .....	58,393,904.	<b>31</b>	63,682,668.		
<b>33</b> Total liabilities and net assets/fund balances .....	71,140,045.	<b>32</b>	76,883,778.		

Form 990 (2022)

**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	46,516,828.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,475,045.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,041,783.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,393,904.
5	Net unrealized gains (losses) on investments	5	2,246,981.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	63,682,668.

**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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38689388.	41021334.	62508056.	42296247.	45211209.	229726234
<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	38689388.	41021334.	62508056.	42296247.	45211209.	229726234
<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)						23790753.
<b>6 Public support.</b> Subtract line 5 from line 4.						205935481

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	38689388.	41021334.	62508056.	42296247.	45211209.	229726234
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	469,554.	491,705.	538,156.	874,306.	1459855.	3833576.
<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						233559810
<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 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	88.17 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	88.50 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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>		
<b>1</b>		
<b>2</b>		

**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>		
<b>1</b>		

**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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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>	Yes	No
<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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

**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).		

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

**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 2022 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-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**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

**2022**

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 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

2022

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 regarding 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 of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,338,776.	15,292,705.	12,456,648.	11,982,359.	11,316,415.
b Contributions	131,250.	37,062.		3,000.	5,847.
c Net investment earnings, gains, and losses	1,478,077.	-1,715,991.	2,836,057.	471,289.	660,097.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	14,948,103.	13,338,776.	15,292,705.	12,456,648.	11,982,359.

- 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?  Yes  No
- 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.	1,952,505.	399,152.
c Leasehold improvements				
d Equipment		894,312.	522,440.	371,872.
e Other		92,520.	66,720.	25,800.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,407,517.

**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	41,157,760.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,246,981.	
b	Donated services and use of facilities	2b	319,165.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	2,566,146.	
3	Subtract line 2e from line 1	3	38,591,614.	
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	150,683.	
b	Other (Describe in Part XIII.)	4b	7,774,531.	
c	Add lines 4a and 4b	4c	7,925,214.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	46,516,828.	

**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	35,868,996.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	319,165.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	319,165.	
3	Subtract line 2e from line 1	3	35,549,831.	
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	150,683.	
b	Other (Describe in Part XIII.)	4b	7,774,531.	
c	Add lines 4a and 4b	4c	7,925,214.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	43,475,045.	

**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, 2023 AND 2022, UWSA DID NOT RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS. TAX YEARS 2022-2020 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 XI, LINE 4B:

DONOR DESIGNATIONS 7,774,531

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

DONOR DESIGNATIONS 7,774,531

FORM 990, SCHEDULE D, PART X, LINE 2:

MAKING DISTRIBUTIONS EXCLUSIVELY TO UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY TO BE USED FOR ALLOCATIONS TO UNITED WAY PROGRAMS AND AGENCIES.

**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

**2022**

**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
COMMUNITY INITIATIVES			235,779.	0.			RESTRICTED TO SPECIFIC PROGRAM
POPPYS KIDDY CAMPUS 200 BRIGGS AVE. SAN ANTONIO, TX 78211	74-2511995		9,581.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY GATHERINGS 5430 OLD SEGUIN RD SAN ANTONIO, TX 78219	20-3467864		6,066.	0.			RESTRICTED TO SPECIFIC PROGRAM
ROZELLE DBA NEW KIDS ON THE BLOCK 623 S. WW WHITE ROAD SAN ANTONIO, TX 78220	26-4289113		6,106.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER- FREDRICKSBURG - 8155 FREDERICKBURG RD - SAN ANTONIO, TX 78229	74-2722255		5,432.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER #2- GALLERIA - 104 GALLERIA FAIR - SAN ANTONIO, TX 78232	74-2722226		14,220.	0.			RESTRICTED TO SPECIFIC PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 118.
- 3** Enter total number of other organizations listed in the line 1 table 8.

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

Schedule I (Form 990) 2022

**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
CAROLINES FAMILY CHILDCARE 12930 PALATINE HILL SAN ANTONIO, TX 78253	20-5947498		11,468.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOOKS AND BIBS CHILD CARE AND LEARNING ACADEMY - 3030 E. COMMERCE - SAN ANTONIO, TX 78220	93-3952197		38,821.	0.			RESTRICTED TO SPECIFIC PROGRAM
KABOOM INC 7200 WISCONSIN AVE., STE. 400 BETHESDA, MD 20814	52-1970904		178,438.	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	28,750.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY SCOTTSBLUFF, NE 69361	47-0424788	501(C)3	5,714.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAMMINISTRIES 1919 NW LOOP 410, STE 100 SAN ANTONIO, TX 78213	74-2285793	501(C)3	340,137.	0.			RESTRICTED TO SPECIFIC PROGRAM
SALVATION ARMY, THE 521 W. ELMIRA ST SAN ANTONIO, TX 78212	22-2406433	501(C)3	405,750.	0.			RESTRICTED TO SPECIFIC PROGRAM
SA YOUTH PO BOX 7844 SAN ANTONIO, TX 78207	74-2333088	501(C)3	10,140.	0.			RESTRICTED TO SPECIFIC PROGRAM
SA HOPE CENTER 321 N GENERAL MCMULLEN DR SAN ANTONIO, TX 78237	74-2989365	501(C)3	348,999.	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.)

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URBAN STRATEGIES INC 100 N. BROADWAY, SUITE 1110 SAINT LOUIS, MO 63102	43-1141027	501(C)3	178,768.	0.			RESTRICTED TO SPECIFIC PROGRAM
ROY MASS' YOUTH ALTERNATIVES 3103 WEST AVE. SAN ANTONIO, TX 78213	68-0554438	501(C)3	320,754.	0.			RESTRICTED TO SPECIFIC PROGRAM
WEST TEXAS COUNSELING & GUIDANCE INC - 36 E. TWOHIG AVE - SAN ANTGELO, TX 76903	75-1561599	501(C)3	189,899.	0.			RESTRICTED TO SPECIFIC PROGRAM
RISE RECOVERY 2803 MOSSROCK SAN ANTONIO, TX 78230	74-2216041	501(C)3	466,560.	0.			RESTRICTED TO SPECIFIC PROGRAM
RIDE CONNECT TEXAS 517 SW MILITAR DR. SAN ANTONIO, TX 78221	45-5521039	501(C)3	7,429.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESTORE EDUCATION PO BOX 692338 SAN ANTONIO, TX 78269	26-2966263	501(C)3	760,990.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESPITE CARE OF SAN ANTONIO PO BOX 12633 SAN ANTONIO, TX 78212	74-2467770	501(C)3	282,182.	0.			RESTRICTED TO SPECIFIC PROGRAM
RAPE CRISIS CENTER, THE 4606 CENTERVIEW, SUITE 200 SAN ANTONIO, TX 78228	74-2236387	501(C)3	225,404.	0.			RESTRICTED TO SPECIFIC PROGRAM
PRESA COMMUNITY CENTER 3721 S. PRESA STREET SAN ANTONIO, TX 78210	74-1902249	501(C)3	260,724.	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.)

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER SAN ANTONIO - 16103 HENDERSON PASS - SAN ANTONIO, TX 78232	74-1109634	501(C)3	1,456,053.	0.			RESTRICTED TO SPECIFIC PROGRAM
PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799	501(C)3	17,441.	0.			RESTRICTED TO SPECIFIC PROGRAM
NORTHEAST SENIOR ASSISTANCE (NESA) 2903 NACOGDOCHES RD. SAN ANTONIO, TX 78217	74-2405293	501(C)3	8,999.	0.			RESTRICTED TO SPECIFIC PROGRAM
MISSION ROAD MINISTRIES 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-2958552	501(C)3	342,100.	0.			RESTRICTED TO SPECIFIC PROGRAM
MILLER CHILD DEVELOPMENT CENTER 102 S MEL WAITERS WAY SAN ANTONIO, TX 78203	74-6156076	501(C)3	16,881.	0.			RESTRICTED TO SPECIFIC PROGRAM
MILE HIGH UNITED WAY, INC. 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)3	8,425.	0.			RESTRICTED TO SPECIFIC PROGRAM
MEALS ON WHEELS SAN ANTONIO 2718 DANBURY SAN ANTONIO, TX 78217	74-1948646	501(C)3	495,375.	0.			RESTRICTED TO SPECIFIC PROGRAM
MADONNA NEIGHBORHOOD CENTER INC 1906 CASTROVILLE SAN ANTONIO, TX 78237	74-1143119	501(C)3	342,062.	0.			RESTRICTED TO SPECIFIC PROGRAM
LORD OF LIFE LUTHERAN CENTER FOR CHILD DEVELOPMENT - 5955 FM 78 - SAN ANTONIO, TX 78244	74-6185612	501(C)3	6,723.	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.)

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LIFETIME RECOVERY PO BOX 5968 SAN ANTONIO, TX 78201	74-1540097	501(C)3	184,395.	0.			RESTRICTED TO SPECIFIC PROGRAM
VALLEY HI ASSEMBLY OF GOD 4424 SW LOOP 410 SAN ANTONIO, TX 78227	74-1605437	501(C)3	7,221.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WACO-MCLENNAN COUNTY PO BOX 7634 WACO, TX 76714	74-1189027	501(C)3	18,831.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)3	6,184.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET SAN ANTONIO, TX 78208	74-2427853	501(C)3	51,164.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M. BARRERA PARKWAY SAN ANTONIO, TX 78227	74-2122979	501(C)3	1,772,701.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF SOUTH TEXAS 113 W. PECAN BLVD MCALLEN, TX 78501	74-2052527	501(C)3	22,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N. LAMAR - DALLAS, TX 75202	75-6005352	501(C)3	50,851.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF HAYS COUNTY PO BOX 1728 SAN MARCOS, TX 78667	74-2257167	501(C)3	15,905.	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.)

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UNITED WAY OF GREATER HOUSTON 50 WAUGH DR. HOUSTON, TX 77007	74-1167964	501(C)3	64,432.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST ATLANTA, GA 30303	58-0566194	501(C)3	11,724.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LN DENTON, TX 76205	75-1251128	501(C)3	14,369.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF THE COASTAL BEND INC 4659 EVERHART ROAD CORPUS CHRISTI, TX 78411	74-1207552	501(C)3	26,447.	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	197,034.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL MARYLAND INC 1800 MONTGOMERY BLVD. SUITE 340 BALTIMORE, MD 21230	52-0591543	501(C)3	10,465.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL GEORGIA, INC. - PO BOX 1302 - MACON, GA 31202	58-0639811	501(C)3	12,184.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF THE CROSSROADS INC P.O. BOX 4031 VICTORIA, TX 77903	74-6024990	501(C)3	6,011.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY GALVESTON COUNTY MAINLAND, INC - PO BOX 3098 - TEXAS CITY, TX 77592	74-1257159	501(C)3	7,907.	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.)

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UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE ROAD, 5TH FLO AUSTIN, TX 78752	74-1193439	501(C)3	62,484.	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	71,592.	0.			RESTRICTED TO SPECIFIC PROGRAM
THRU PROJECT 4502 CENTERVIEW DR. SUITE 225 SAN ANTONIO, TX 78228	46-3961089	501(C)3	75,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DR., SUITE 4078 SAN ANTONIO, TX 78229	26-0371270	501(C)3	70,098.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE ECUMENICAL CENTER 8310 EWING HALSELL DRIVE SAN ANTONIO, TX 78229	74-1587388	501(C)3	100,052.	0.			RESTRICTED TO SPECIFIC PROGRAM
TEXAS DIAPER BANK 1803 GRANDSTAND DR., STE 150 SAN ANTONIO, TX 78238	74-2886380	501(C)3	93,039.	0.			RESTRICTED TO SPECIFIC PROGRAM
ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)3	137,371.	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
SPURS GIVE ONE AT&T CENTER PKWY SAN ANTONIO, TX 78219	74-2509544	501(C)3	6,195.	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.)

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SETON HOME OF SAN ANTONIO 1115 MISSION RD SAN ANTONIO, TX 78210	74-2247996	501(C)3	80,573.	0.			RESTRICTED TO SPECIFIC PROGRAM
KERR COUNTY UNITED WAY PO BOX 290561 KERRVILLE, TX 78029	74-1475945	501(C)3	17,215.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO PUBLIC LIBRARY FOUNDATION - 625 SHOOK AVENUE - SAN ANTONIO, TX 78212	74-2283582	501(C)3	40,468.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO FOR GROWTH ON THE EASTSIDE - 220 CHESTNUT ST. - SAN ANTONIO, TX 78202	74-2876270	501(C)3	7,813.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS - SOUTH TEXAS CENTRE ATT BLDG 7500 US - SAN ANTONIO, TX 78227	74-1340188	501(C)3	28,972.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO SPORTS PO BOX 830386 SAN ANTONIO, TX 78283	74-2471362	501(C)3	19,612.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO COLLEGES FOUNDATION, INC. 2222 N. ALAMO ST. SAN ANTONIO, TX 78215	74-2422589	501(C)3	156,663.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE RD - SAN ANTONIO, TX 78237	74-1143135	501(C)3	659,445.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDSAFE 3730 IH 10 E SAN ANTONIO, TX 78220	74-2633697	501(C)3	533,052.	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.)

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CHILDREN'S SHELTER, THE 2939 W WOODLAWN SAN ANTONIO, TX 78228	74-1109660	501(C)3	464,550.	0.			RESTRICTED TO SPECIFIC PROGRAM
SANTA ROSA CHILDRENS HOSPITAL FOUNDATION - PO BOX 1661 - SAN ANTONIO, TX 78296	74-1224362	501(C)3	109,521.	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 ASSOCIATION FOR MAXIMUM POTENTIAL INC - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)3	41,065.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILD ADVOCATES SAN ANTONIO 1956 S. WW WHITE ROAD SAN ANTONIO, TX 78222	74-2494625	501(C)3	195,277.	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	217,201.	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	1,559,991.	0.			RESTRICTED TO SPECIFIC PROGRAM
BRIGHTON CENTER 14207 HIGGINS RD. SAN ANTONIO, TX 78217	74-2331826	501(C)3	239,338.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYSVILLE, INC. 8555 E. LOOP 1604 NORTH CONVERSE, TX 78109	74-1207553	501(C)3	154,432.	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.)

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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
BLUEBONNET CHILDRENS CENTER 1901 AVENUE I HONDO, TX 78861	74-2999054	501(C)3	118,862.	0.			RESTRICTED TO SPECIFIC PROGRAM
BLESSED SACRAMENT ACADEMY 1135 MISSION ROAD SAN ANTONIO, TX 78210	74-1369411	501(C)3	130,459.	0.			RESTRICTED TO SPECIFIC PROGRAM
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS - 10843 GULFDAL DR. - SAN ANTONIO, TX 78216	74-1897630	501(C)3	377,423.	0.			RESTRICTED TO SPECIFIC PROGRAM
BEXAR COUNTY COMMUNITY HEALTH COLLABRATIVE - 2300 W COMMERCE ST STE 301 - SAN ANTONIO, TX 78207	74-2953076	501(C)3	412,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
AVANCE - SAN ANTONIO, INC. 824 BROADWAY ST STE 204 SAN ANTONIO, TX 78215	74-1769114	501(C)3	828,499.	0.			RESTRICTED TO SPECIFIC PROGRAM
AUTISM COMMUNITY NETWORK 535 BANDERA RD SAN ANTONIO, TX 78228	26-2592058	501(C)3	230,494.	0.			RESTRICTED TO SPECIFIC PROGRAM
ASCENSION DEPAUL SERVICES 7607 SOMERSET RD. SAN ANTONIO, TX 78211	74-6106876	501(C)3	79,326.	0.			RESTRICTED TO SPECIFIC PROGRAM
ARC OF SAN ANTONIO INC, THE 13430 WEST AVE SAN ANTONIO, TX 78216	74-1200110	501(C)3	62,804.	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.)

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ANY BABY CAN OF SAN ANTONIO INC 217 HOWARD ST. SAN ANTONIO, TX 78212	74-2684333	501(C)3	429,449.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN RED CROSS, S.A. AREA CHAPTER - 431 18TH STREET, NW - WASHINGTON, DC 20006	53-0196605	501(C)3	58,771.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN INDIANS IN TEXAS AT THE SPANISH COLONIAL MISSIONS - 1616 E COMMERCE STREET - SAN ANTONIO, TX 78205	74-2717029	501(C)3	97,500.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN HEART ASSOCIATION, S.A. DIVISION - 7272 GREENVILLE AVENUE - DALLAS, TX 75231	13-5613797	501(C)3	82,288.	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
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL (KLRN) - 501 BROADWAY ST - SAN ANTONIO, TX 78215	74-2461534	501(C)3	172,514.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTIAN ASSISTANCE MINISTRY INC 110 MCCULLOUGH AVE. SAN ANTONIO, TX 78215	74-1947967	501(C)3	130,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRYSALIS MINISTRIES 509 SAN PEDRO SAN ANTONIO, TX 78212	74-1914047	501(C)3	288,743.	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

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.)

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GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP SAN ANTONIO, TX 78216	74-1109759	501(C)3	101,954.	0.			RESTRICTED TO SPECIFIC PROGRAM
INTERFAITH WELCOME COALITION 300 BUSHNELL AVE. SAN ANTONIO, TX 78212	84-1743323	501(C)3	87,502.	0.			RESTRICTED TO SPECIFIC PROGRAM
HILL COUNTRY MHDD CENTERS 819 WATER STREET, STE 300 KERRVILLE, TX 78028	74-2822017	501(C)3	226,118.	0.			RESTRICTED TO SPECIFIC PROGRAM
HEALY-MURPHY CENTER INC 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)3	420,978.	0.			RESTRICTED TO SPECIFIC PROGRAM
HAVEN FOR HOPE 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	20-8075412	501(C)3	1,329,526.	0.			RESTRICTED TO SPECIFIC PROGRAM
GUARDIAN HOUSE 1818 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2780384	501(C)3	48,791.	0.			RESTRICTED TO SPECIFIC PROGRAM
GUADALUPE COUNTY UNITED WAY INC PO BOX 805 SEGUIN, TX 78156	74-2738713	501(C)3	49,588.	0.			RESTRICTED TO SPECIFIC PROGRAM
GREATER RANDOLPH AREA SERVICES PROGRAM, INC. - 250 DONALAN DR. - CONVERSE, TX 78109	74-2353686	501(C)3	137,240.	0.			RESTRICTED TO SPECIFIC PROGRAM
GREATER LONGVIEW UNITED WAY INC PO BOX 411 LONGVIEW, TX 75606	75-0998908	501(C)3	6,950.	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
GOODWILL INDUSTRIES OF SAN ANTONIO 406 W COMMERCE SAN ANTONIO, TX 78207	74-1238444	501(C)3	663,626.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOOD SAMARITAN COMMUNITY SERVICES 1600 SALTILLO SAN ANTONIO, TX 78207	74-1117340	501(C)3	802,295.	0.			RESTRICTED TO SPECIFIC PROGRAM
CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229	74-1153067	501(C)3	348,197.	0.			RESTRICTED TO SPECIFIC PROGRAM
FOOTHILLS UNITED WAY 1285 CIMARRON DR., STE 101 LAFAYETTE, CO 80026	84-6042598	501(C)3	17,524.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY VIOLENCE PREVENTION SERVICES, INC. - 7911 BROADWAY - SAN ANTONIO, TX 78209	74-1994151	501(C)3	927,588.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO - SAN ANTONIO, TX 78212	74-1117341	501(C)3	3,459,962.	0.			RESTRICTED TO SPECIFIC PROGRAM
EPISCOPAL DIOCESE OF WEST TEXAS PO BOX 6885 SAN ANTONIO, TX 78209	74-1143118	501(C)3	83,780.	0.			RESTRICTED TO SPECIFIC PROGRAM
ENDEAVORS 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	23-7223078	501(C)3	293,400.	0.			RESTRICTED TO SPECIFIC PROGRAM
EMPOWER HOUSE SA 801 N. OLIVE ST SAN ANTONIO, TX 78202	74-2934053	501(C)3	319,234.	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
ELLA AUSTIN COMMUNITY CENTER 1023 N. PINE ST. SAN ANTONIO, TX 78202	74-1166908	501(C)3	82,550.	0.			RESTRICTED TO SPECIFIC PROGRAM
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DR. HOUSTON, TX 77007	76-0318867	501(C)3	306,990.	0.			RESTRICTED TO SPECIFIC PROGRAM
CROSSPOINT, INC. 301 YUCCA ST. SAN ANTONIO, TX 78203	74-6058916	501(C)3	17,277.	0.			RESTRICTED TO SPECIFIC PROGRAM
CORAZON MINISTRIES INC 230 E TRAVIS ST SAN ANTONIO, TX 78205	20-0319533	501(C)3	123,750.	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	58,243.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITY HEALTH DEVELOPMENT INC 908 EVANS ST, BLDG. A UVALDE, TX 78801	74-2269739	501(C)3	253,000.	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	877,754.	0.			RESTRICTED TO SPECIFIC PROGRAM
COLONIAL HILLS UNITED METHODIST 5247 VANCE JACKSON SAN ANTONIO, TX 78230	74-2610528	501(C)3	9,276.	0.			RESTRICTED TO SPECIFIC PROGRAM
JEFFERSON OUTREACH FOR OLDER PEOPLE - 2201 ST. CLOUD - SAN ANTONIO, TX 78228	74-2345987	501(C)3	8,151.	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
ALAMO COLLEGES - SAN ANTONIO COLLEGE EARLY CHILDHOOD CENTER - 210 W. ASHBY, 2ND FLOOR - SAN ANTONIO, TX 78212	74-2439927	GOVT	14,558.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - RANDOLPH YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	75,013.	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	150,011.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - LACKLAND YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	75,015.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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) 2022

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

Schedule J (Form 990) 2022

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. CHRISTOPHER MARTIN PRESIDENT & CEO	(i)	380,236.	0.	0.	27,450.	16,553.	424,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. GLENN LUCADOU CHIEF DEVELOPMENT OFFICER	(i)	198,408.	0.	0.	18,335.	24,309.	241,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. RYAN BOUBEL CHIEF FINANCIAL OFFICER	(i)	192,273.	0.	0.	17,370.	8,188.	217,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. LINDA GARZA SVP, CORPORATE CAMPAIGNS	(i)	179,566.	0.	0.	16,086.	16,628.	212,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MS. LADY ROMANO SVP, COMMUNITY IMPACT	(i)	153,865.	0.	0.	13,418.	16,355.	183,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. JENIFFER RICHARDSON SVP, STRATEGIC INITIATIVES & PUBLIC	(i)	141,677.	0.	0.	12,996.	8,524.	163,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MS. KASI MCCORMICK VP, INDIVIDUAL GIVING AND MAJOR GIFT	(i)	127,985.	0.	0.	12,044.	15,674.	155,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MR. ANDREW SASSEVILLE SVP, ACCOUNTABILITY & COMMUNITY SERV	(i)	139,556.	0.	0.	12,469.	488.	152,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Multiple horizontal lines for supplemental information.



**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	BOARD MEMBER AND PR	17,658,497.	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:

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

**2022**

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:

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.

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 6/30/23, MORE THAN 484,221 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 2022, \$48,260,007 WAS RAISED AND INVESTMENTS WERE MADE IN HIGH-QUALITY, OUTCOMES-DRIVEN PROGRAMS,

DIRECT-SERVICE PROVIDERS, AND PUBLIC-POLICY INITIATIVES. FOR FY23, WE

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

Schedule O (Form 990) 2022

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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ALSO WERE AWARDED AND MANAGED \$7.5 MILLION IN STATE, FEDERAL, AND PRIVATE FOUNDATION GRANTS THAT ARE ALIGNED WITH OUR GOALS. UWSA CONTINUES TO WORK TO DEVELOP COMMITTED VOLUNTEERS AND ADVOCATES TO BE THE FORCE THAT HELPS UWSA ACHIEVE ITS MISSION.

UWSA RECEIVED A 4-STAR RATING FROM CHARITY NAVIGATOR. UWSA HAS ALSO EARNED THE 2023 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, DESCRIPTION OF ORGANIZATION MISSION - CONT.: OUR FOUR IMPACT AREAS INCLUDE:

READY CHILDREN: ALL CHILDREN ARE HAPPY, HEALTHY, AND READY TO SUCCEED IN KINDERGARTEN. IN FY23, 15,888 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, 28 SYSTEMS WERE ENGAGED TO PREVENT CHILD ABUSE.

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

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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KINDERGARTEN. IN FY23, 517 FAMILIES WERE SERVED THROUGH IN-HOME PARENTING CLASSES AND NURSE HOME VISITING PROGRAMS AND ALL OUTCOME PERFORMANCE TARGETS WERE MET.

AMERICAN RESCUE PLAN ACT (ARPA) SUPPLEMENTAL FUNDING: IN FY23 UWSA WAS AWARDED \$154,247 IN SUPPLEMENTAL MIECHV ARPA FUNDS FOR SPECIFIC COVID-19 PUBLIC HEALTH EMERGENCY RESPONSE ACTIVITIES. ALLOWABLE EXPENSES ARE PRE-DEFINED BY THE HEALTH RESOURCES SERVICE ADMINISTRATION AND INCLUDE RETENTION/INCENTIVE PAY FOR FRONT-LINE, DIRECT SERVICE STAFF, HOME VISITOR TRAINING, DIAPER BANK COORDINATION, EMERGENCY SUPPLIES, TECHNOLOGY FOR FAMILIES, AND PRE-PAID GROCERY GIFT CARDS. IN FY23 UWSA UTILIZED ARPA FUNDS FOR RETENTION/INCENTIVE PAY FOR FRONT-LINE STAFF, HOME VISITOR TRAINING, DIAPER BANK COORDINATION, AND PRE-PAID GROCERY GIFT CARDS.

FAMILY FIRST TRANSITION ACT (FFTA) FUNDING: IN 2018, THE FAMILY FIRST PREVENTION SERVICES ACT (FFPSA) WAS SIGNED INTO LAW AND AUTHORIZED THE ABILITY TO DRAW DOWN TITLE IV-E FUNDING FOR UP TO 12 MONTHS FOR PREVENTION SERVICES SPECIFIC TO MENTAL HEALTH, SUBSTANCE ABUSE, AND IN-HOME PARENT SKILL-BASED PROGRAMS FOR PREGNANT AND PARENTING YOUTH IN CARE. THROUGH THE 87TH LEGISLATURE IN 2021, RIDER 48 SECTION C OF THE GENERAL APPROPRIATIONS ACT DIRECTED DFPS TO USE \$1,300,000 IN FAMILY FIRST TRANSITION ACT (FFTA) FUNDS IN EACH FISCAL YEAR OF THE BIENNIUM FOR THE NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM TO EXPAND CAPACITY AS ALLOWED BY FFPSA. THIS FUNDING WAS ONLY AVAILABLE FOR FY23 AND UWSA WAS AWARDED \$155,687 TO ADD ONE ADDITIONAL NURSE HOME VISITOR TO THE MIECHV FUNDED NURSE-FAMILY PARTNERSHIP PROGRAM AT CATHOLIC CHARITIES, ALLOWING THE PROGRAM TO SERVE 15 ADDITIONAL FAMILIES.

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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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 FY23, APPROXIMATELY 8,449 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, 26 SYSTEMS WERE ENGAGED TO IMPLEMENT TRAUMA-SENSITIVE AND RESTORATIVE JUSTICE PRACTICES.

STRONG INDIVIDUALS AND FAMILIES: ENSURES ALL INDIVIDUALS AND FAMILIES ARE STABLE, FLOURISH ECONOMICALLY, REACH THEIR FULL POTENTIAL AND MAINTAIN A QUALITY OF LIFE FREE FROM DISCRIMINATION. IN FY23, A TOTAL OF 21,981 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, 19 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 2022 TAX

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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YEAR. THE PROGRAM IS A SAFE ALTERNATIVE TO COSTLY, AND OFTEN PREDATORY, TAX PREPARATION SERVICES. WORKING IN VITA SITES THROUGHOUT THE CITY, 203 TRAINED AND IRS-CERTIFIED VOLUNTEERS PREPARED 22,562 RETURNS RESULTING IN \$5 MILLION SAVINGS IN TAX PREPARATION FEES. \$28,822,135 WAS REFUNDED TO LOCAL FILERS AND \$10.3 MILLION IN EARNED INCOME TAX CREDIT (EITC) WENT BACK TO 5,171 TAXPAYERS.

SAFETY NET: ENSURES ALL PEOPLE ARE SAFE AND ABLE TO MEET THEIR URGENT ESSENTIAL NEEDS TO REACH FULL POTENTIAL. TOGETHER, WE ARE WORKING TO SUPPORT THE SUCCESSFUL TRANSITION TO ECONOMIC STABILITY, INCREASE ACCESS TO HEALTHY FOOD, PROVIDE EMERGENCY SHELTER FOR INDIVIDUALS AND FAMILIES IN CRISIS AND PROVIDE SERVICES THAT LEAD TO HOUSING STABILITY. IN 2023, 437,903 LIVES WERE IMPACTED IN OUR COMMUNITY. THESE INDIVIDUALS RECEIVED ESSENTIAL NEEDS (FOOD, CLOTHING, UTILITY, TRANSPORTATION AND DISASTER) ASSISTANCE, CASE MANAGEMENT SERVICES, FOOD ASSISTANCE, EMERGENCY SHELTER SERVICES IN CONJUNCTION WITH CASE MANAGEMENT SERVICES, INCLUDING GAINING HOUSING STABILITY.

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 \$83.8 MILLION IN FEDERAL FUNDS IN OUR COMMUNITY DURING THE FISCAL YEAR: PHASE 39, ARPA-R, PHASE 40, AND THREE SPECIAL SUPPLEMENTAL APPROPRIATIONS FOR

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

THE EFSP BEXAR COUNTY LOCAL BOARD WAS AWARDED DIRECT FUNDS TOTALING \$4,067,800: \$2,252,731 FOR PHASE 39, \$997,000 FOR PHASE ARPA-R, AND \$818,069 FOR PHASE 40. THE EFSP BEXAR COUNTY LOCAL BOARD WAS AWARDED \$8.9M IN REIMBURSEMENT FUNDS AND \$70.8M IN ADVANCED FUNDING 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 FUNDED BY A RANGE OF FOUNDATIONS AND UWSA TO HELP FAMILIES ON THE EAST AND WEST SIDES OF SAN ANTONIO SECURE STABLE HOUSING, CHILDCARE, WELL-PAYING JOBS, AND EDUCATION, SO THEY CAN ACHIEVE GREATER STABILITY AND SUCCESS. IN FY 2023, 304 HOUSEHOLDS WITH CHILDREN AGES 0 TO 10 WERE ACTIVELY ENGAGED IN SECURING SERVICES AND/OR SUPPORT FOR THEIR FAMILIES; 219 ADULTS IN THESE HOUSEHOLDS WERE IN AN EDUCATION AND/OR WORKFORCE TRAINING PROGRAM WITH 25% COMPLETING THEIR EDUCATION DURING THIS PERIOD. THE DUAL GENERATION INITIATIVE SUPPORTED 218 CHILDREN WITH QUALITY CHILD DEVELOPMENT AND/OR OUT OF SCHOOL TIME SERVICES.

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, 2026.

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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THE GRANT FOCUSES ON A TWO-GENERATION APPROACH TO FINANCIALLY STABILIZING FAMILIES. THE INITIATIVE HAS BEEN WORKING WITH THE SIEMER INSTITUTE TO DISCUSS POSSIBLE EXPANSION OF FUNDS TO SUPPORT THE INITIATIVE'S WORK.

DORIS DUKE FOUNDATION: THROUGH THE CHILD WELL-BEING PROGRAM, THE FOUNDATION AIMS TO PROMOTE CHILDREN'S HEALTHY DEVELOPMENT AND PROTECT THEM FROM ABUSE AND NEGLECT. WITH \$350,000, 2-YEAR GRANT FROM DORIS DUKE ALONG WITH A ONE-YEAR \$25,000 INVESTMENT FROM AETNA, THE DUAL GENERATION INITIATIVE WILL BUILD ON THE EXISTING PROTECTIVE FACTORS IN A FAMILY WITH NEW INVESTMENTS IN TWO CULTURALLY SENSITIVE CHILD ABUSE PREVENTION PROGRAMS, CENTER FOR THE IMPROVEMENT OF CHILD CARING'S EFFECTIVE BLACK PARENTING PROGRAM (EBPP) AND LOS NIOS BIEN EDUCADOS.

UNITED WAY FAMILY RESOURCE CENTER INITIATIVE: THE FAMILY RESOURCE CENTER (FRC) INITIATIVE IS A PLACE-BASED COLLECTIVE IMPACT ENDEAVOR. THE FAMILY RESOURCE CENTER INITIATIVE IS A NEW INITIATIVE UWSA IS UNDERTAKING AS A STRATEGY TO ADDRESS CHILD ABUSE AND NEGLECT IN BEXAR COUNTY. THE FRC PILOT IS A MEANS OF ESTABLISHING HUBS OF RESOURCES IN COMMUNITIES THAT PROVIDE ACCESS TO SUPPORTIVE SERVICES FOR FAMILIES THAT REFLECT THE NEEDS OF THAT COMMUNITY. THIS COMMUNITY-BASED EFFORT WILL WORK HAND IN HAND WITH A PARENT ADVISORY COMMITTEE IN THE CO-DESIGN OF THE EVENTS, ACTIVITIES, AND RESOURCES OFFERED AT THE FRC. THE INITIATIVE IS IN ITS FIRST YEAR OF IMPLEMENTATION AND HAS ONE COMMUNITY AGENCY. THE UNITED WAY EASTSIDE FAMILY RESOURCE CENTER WILL TARGET FAMILIES WITH CHILDREN AGES 0-10 YEARS OLD IN ZIP CODES 78219 & 78220 ON THE FAR EASTSIDE OF SAN ANTONIO.

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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HEALTHY OUTCOMES THROUGH PREVENTION AND EARLY SUPPORT (HOPES) III GRANT: UWSA'S HOPES III GRANT FROM THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS), PREVENTION & EARLY INTERVENTION DIVISION (PEI) WAS AWARDED IN APRIL 2017 AND FOCUSES ON INCREASING PROTECTIVE FACTORS IN FAMILIES WITH CHILDREN UNDER THE AGE OF FIVE. THIS IS DONE THROUGH THE PROMOTION OF CHILD WELL-BEING, EARLY CHILDHOOD EDUCATION AND OTHER FAMILY SERVICES, AND IS ACCOMPLISHED THROUGH COMMUNITY COLLABORATION WITH NINE AGENCIES THAT COLLECTIVELY SERVED 492 FAMILIES; AND CONNECTED 674 FAMILIES WITH SUPPORT SERVICES; AND PROVIDED 86 DEVELOPMENTALLY APPROPRIATE TEXT MESSAGES TO 2,926 PARENTS. ADDITIONALLY, IN APRIL 2022, PEI AWARDED UWSA INNOVATION FUNDS TO ENHANCE CURRENT HOPES PROGRAMMING. THIS RESULTED IN BEING ABLE TO CONNECT FAMILIES TO ADDITIONAL COUNSELING SERVICES AND OFFER AGE-APPROPRIATE MENTAL HEALTH SERVICES FOR CHILDREN UNDER THE AGE OF 3; PROVIDE A PEER MENTORING PROGRAM; ESTABLISH A PARENT ADVISORY COMMITTEE AND INCORPORATE A DEI LENS IN ALL HOPE ACTIVITY. IN MAY 2023, UWSA ALSO RECEIVED NOTIFICATION OF AN AWARD OF EARLY CHILDHOOD SYSTEMS BUILDING (ECSB) FUNDING. THIS GRANT HAS ALLOWED UWSA TO CONTINUE SUPPORTING THE READYKIDSA COALITION BY HIRING A FULL-TIME STAFF PERSON TO MANAGE THIS WORK AND ESTABLISH A COUNTY-LEVEL PARENT ADVISORY COMMITTEE.

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

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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IDENTIFIES THE PRIORITY ISSUES AROUND CHILD WELL-BEING, BUT ALSO INCLUDES A CORRESPONDING SCORECARD WITH THE KEY INDICATORS THAT WILL HELP THE COALITION MONITOR ACTUAL PROGRESS TOWARD ITS VISION (WWW.READYKIDSA.COM).

SERVICE MEMBERS VETERAN AND FAMILIES (SMVF) GRANT: THROUGH ITS PARTNERSHIP WITH 3 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 FY23, 209 FAMILIES WERE SERVED, AND AN ADDITIONAL 474 VETERAN INDIVIDUALS WERE ASSISTED THROUGH MISSION UNITED, A RESOURCE AND REFERRAL SERVICE DESIGNED TO SUPPORT THE UNIQUE NEEDS OF MILITARY CHILDREN AND FAMILIES.

HELP ME GROW GRANT: UWSA'S HELP ME GROW BEXAR COUNTY GRANT FROM THE DEPARTMENT OF STATE HEALTH SERVICES (DSHS) WAS AWARDED IN DECEMBER 2022 AND FOCUSES ON LEVERAGING EXISTING RESOURCES TO ENSURE COMMUNITIES IDENTIFY VULNERABLE CHILDREN, LINK FAMILIES TO COMMUNITY-BASED SERVICES, AND EMPOWER FAMILIES TO SUPPORT THEIR CHILDREN'S HEALTHY DEVELOPMENT. THIS IS DONE THROUGH THE OPERATION OF A SPECIALIZED CHILD DEVELOPMENT PHONE LINE THAT PROVIDES EDUCATION AND SUPPORT TO FAMILIES AROUND SPECIFIC DEVELOPMENTAL OR BEHAVIORAL CONCERNS OR QUESTIONS, DEVELOPMENTAL SCREENS, REFERRALS TO COMMUNITY-BASED SUPPORTS, AND FOLLOW UP. THE FUNDS WERE AWARDED DURING THE THIRD QUARTER OF FY23, AND PLANNING, HIRING AND TRAINING OF STAFF, AND ESTABLISHING INFRASTRUCTURE FOR THE 1-800-GROW210 LINE WAS ESTABLISHED. IMPLEMENTATION AND A

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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COMMUNITY LAUNCH WILL OCCUR IN THE FIRST TWO QUARTERS OF FY24.

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 FY23, OUR 2-1-1 HELP LINE HANDLED 1,522 CALLS RELATED TO CHILDCARE, YIELDING A TOTAL OF 2,721 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 20-INCH BOX FANS. IN FY23, OUR 2-1-1 HELP LINE HANDLED 1,770 CALLERS YIELDING 1,816 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 FY23, 503 CALLERS MADE INQUIRIES YIELDING 485 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

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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INFORMATION CENTERS TO ENSURE ALL RESIDENTS IN TEXAS HAVE ACCESS TO INFORMATION AND REFERRAL SERVICES 24 HOURS A DAY. IN FY23, WE ASSISTED 624 CALLERS FROM MIDDLE RIO GRANDE AND 596 CALLERS FROM GOLDEN CRESCENT, FOR A TOTAL OF 1,220 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 FY23, MISSION UNITED RECEIVED OVER 4,862 MILITARY CALLS THROUGH OUR 2-1-1 HELP LINE. IN ADDITION, MISSION UNITED CONDUCTED OVER 360 FOLLOW-UP CALLS CONNECTING ACTIVE-DUTY SERVICE MEMBERS, RESERVISTS, VETERANS, AND THEIR FAMILIES TO VITAL COMMUNITY RESOURCES.

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

PROCEEDS FROM WOMEN UNITED'S ANNUAL POWER OF THE PURSE LUNCHEON AND

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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PURSE AUCTION DIRECTLY BENEFIT THE SCHOLARSHIP PROGRAM. IN FY23, WOMEN UNITED SUPPORTED 35 FAMILIES, INCLUDING 47 CHILDREN, WITH CHILD CARE SCHOLARSHIPS. ELEVEN SCHOLARS GRADUATED WITH A DEGREE OR JOB CERTIFICATION AND 33 NEW FAMILIES JOINED THE PROGRAM AT THE CLOSE OF FY23.

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 FY23, EMERGING LEADERS HAD OVER 1,600 MEMBERS AND 140 VOLUNTEERS LOGGED VOLUNTEER HOURS AT THREE (3) COMMUNITY EVENTS. ADDITIONALLY, VOLUNTEERS COLLECTED 2,150 BOOKS, DISTRIBUTED OVER 10,500 POUNDS OF FOOD, AND DONATED 100 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 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. DIVERSE COMMITTEES PROVIDE SAVA MEMBERS WITH THE OPPORTUNITY TO PARTICIPATE IN ORGANIZATIONAL DEVELOPMENT AS WELL AS SUPPORTING SAVA SERVICES AND RESOURCES.

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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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 6TH 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. IN AUGUST, UNITED WAY VOLUNTEERS ASSEMBLED MORE THAN 2,000 BAGS WITH OVER \$40,000 IN SCHOOL SUPPLIES AND DELIVERED THEM 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 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 2022, THERE WERE APPROXIMATELY 2,480 MEMBERS, 483 OF WHICH WERE ADDED DURING THE 2023 YEAR, BRINGING OUR TOTAL TO 2,963 TO DATE.

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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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 PAY GRADE AND SALARY RANGE FOR EACH POSITION WITHIN UNITED WAY. THESE PAY GRADE AND SALARY RANGES ARE APPROVED ANNUALLY BY THE DIVERSITY AND HUMAN RESOURCES COMMITTEE AND SUBSEQUENTLY THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST PERFORMED IN MAY 2023.

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.

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:

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 \$47,288,472 AND TOTAL MANAGEMENT AND FUNDRAISING EXPENSES ARE \$5,010,006, RESULTING IN A CONSOLIDATING OPERATING EXPENSE RATIO OF 10.59%.

**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

**2022**

**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	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

	Yes	No
<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	L	0	NOT MEASURED
(2) SEE PART VII	N	0	NOT MEASURED
(3) SEE PART VII	O	0	NOT MEASURED
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

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

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

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

FORM 990, SCHEDULE R, PART V, LINE 2 COLUMN(A), LINE 1, 2, 3, 4 AND 5:

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